Exploring Midwifery Faculty Development in Low- and Middle-Income Countries of the Asia-Pacific Region

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Certificate of original authorship

I, Rachel Mary Smith, declare that this thesis is submitted in fulfilment of the requirements for the award of PhD, in the Faculty of Health at the University of Technology Sydney.

This thesis is wholly my own work unless otherwise referenced or acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

This document has not been submitted for qualifications at any other academic institution.

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As I present this thesis, a culmination of personal endeavour, deep learning, perseverance, and discovery, I acknowledge that this pursuit of knowledge occurred on lands that have been places of teaching, learning, and storytelling for thousands of years. As I progress on this journey of lifelong learning, I hope to honour that legacy by learning with humility, sharing with generosity, and contributing with purpose.

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Publications included in this thesis

This is a thesis by compilation, presented as a single document comprising chapters and published/publishable manuscripts.

The statements below explain the contributions made by the authors in the papers that are included in this thesis.

Publication 1

This paper is incorporated as Chapter 4.

Smith, R. M., Gray, J. E., & Homer, C. S. E. (2023). Common content, delivery modes and outcome measures for faculty development programs in nursing and midwifery: A scoping review. *Nurse Education in Practice*, 103648. https://doi.org/10.1016/j.nepr.2023.103648

Statement of contribution

Statement of Contribution	Percentage of contribution
Concept and design of the research	RS 70%; JG 10%; CH 20%
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Data collection, analysis and interpretation	RS 70%; JG 10%; CH 20%
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Smith, R. M., Gray, J. E., & Homer, C. S. E. (2024). "It would be nice to have more than basic support": A learning needs assessment survey of midwifery faculty in LMICs of the Asia Pacific Region. *Women and Birth,* 37(4), 101624. *https://doi.org/10.1016/j.wombi.2024.101624*

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This paper will be submitted when the new *Global Standards for Midwifery Faculty Development*, which my PhD work informed, are released by the International Confederation of Midwives (ICM) (likely to be late July just after I submit the thesis for examination).

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Conferences and presentations related to the PhD program of research

2025	
Title:	Inspiration Series: New Directions for Midwifery Educators.
Author/s:	Smith, R.M.
Conference details:	Australian College of Midwives Virtual Event, March 2025
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2024	
Title:	Midwifery faculty development in LMICs of the Asia Pacific region: a learning needs assessment survey.
Author/s:	Smith, R.M., Gray, J.E., & Homer, C.S.E.
Conference details:	9th International Nurse Education Conference, Singapore. 2024
Indicate: Oral / Poster / other	Oral Presentation
Title:	Strengthening Midwifery Faculty Development.
Author/s:	Smith, R.M.
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2023	
Title:	Midwifery and Nursing Health Professionals' Faculty Development Program Content and Outcome Measures: A Scoping Review.
Author/s:	Smith, R.M., Gray, J.E., & Homer, C.S.E.
Conference details:	Congress of the International Confederation of Midwives, Bali, Indonesia, 2023
Indicate: Oral / Poster / other	Poster Presentation
Title:	Developing Midwifery Education Faculty: Implementation Experiences from Africa, Asia and the Pacific Regions.
Author/s:	Smith, R.M.
Conference details:	UNFPA breakfast partner session at the Congress of the International Confederation of Midwives, Bali, Indonesia, 2023
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Title:	Strengthening Faculty Development: Success Stories from the Asia Pacific Region.
Author/s:	Smith, R.M.
Conference details:	Alliance to Improve Midwifery Education (AIME) Asia Pacific Regional Workshop, Bangkok, Thailand, 2023
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Title:	How to develop case-based learning and assessment for health professionals' faculty development.
Author/s:	Smith, R.M.
Conference details:	Strengthening Pre-service Education System for Health Professionals Project, Cambodia - Virtual. 2023
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Title:	Small Group Learning in Midwifery Education - Faculty Development.
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Table of contents

Abstract

Background

High-quality midwifery education depends on well-prepared and supported faculty. To strengthen the quality of midwifery education and care provision, a focus on developing and supporting midwifery faculty[1] is needed. Development of, and support for, faculty is particularly challenging in low- and middle-income countries (LMICs).

Aim

To develop an evidence-informed framework for strengthening the provision of midwifery faculty development.

Methods

Mixed methods were employed in a sequential exploratory design, integrating qualitative and quantitative approaches. Initially, a scoping review identified common content, modes of delivery and evaluation methods in programs of midwifery and nursing faculty development. The scoping review informed the design of a survey that aimed to identify the development needs of midwifery faculty. The survey was administered to midwifery faculty in LMICs of the Asia Pacific region and data were reported using descriptive statistics and an inductive approach to summarise textual responses. The survey was followed by in-depth semi-structured interviews with self-identified survey participants. Interview data were analysed using reflective thematic analysis. Finally, as part of a series of global meetings aimed at reaching consensus on strengthening midwifery faculty, focus group discussions were held with expert midwifery faculty developers and educators to identify systemic barriers to, and key actions and support required for, a focus on faculty development.

Findings

Faculty development programs must be based on the needs of the faculty and students, the institution where they work, and the country context. Programs of development should extend beyond the traditional focus on learning and teaching to encompass all faculty roles, including research and scholarship. Faculty development activities should also support maintenance of clinical connections and competence. Modes of program delivery need to be flexible and consider the local context and resource availability. Programs should provide supportive pathways to expert faculty practice and include mentoring and communities of practice. Faculty development programs should be informed by professional core competencies and be guided by global standards. These findings

[1] Midwifery Faculty - qualified midwives who are primarily responsible for teaching learners in a midwifery education program (International Confederation of Midwives (ICM), 2025a)

informed an evidence-informed framework for midwifery faculty development that includes the need for development to be standards-based, co-designed, outcomes-focused and context-specific.

Conclusion

The evidence-informed framework developed through this research provides a structured approach to midwifery faculty development. Faculty developers in all resource settings can use the framework to inform the co-design, delivery and evaluation of programs of midwifery faculty development.

Chapter 1: Introduction

Introduction

Strengthening the capacity of those who teach midwifery has been identified as critical to improving quality of care provision (Renfrew et al., 2014; ten Hoope-Bender et al., 2014; West et al., 2016). Quality of midwifery care relies on the production of a fit-for-purpose graduate midwife who has been educated to global standards, joins a regulated profession, and works in an enabling environment (International Confederation of Midwives (ICM), 2021; Nove et al., 2020). The provision of high-quality pre-service midwifery education programs depends on having faculty members who have been appropriately prepared for, and supported in, educational practice (International Confederation of Midwives (ICM), 2025a; World Health Organization, 2019). This preparation and support are commonly referred to as faculty development.

This PhD thesis explores access to and provision of midwifery faculty development in LMICs of the Asia and Pacific regions. The focus on LMICs in the Asia Pacific region is both contextual and practical. While there is a global need for a focus on midwifery faculty development and support in all settings, the need is higher in LMIC settings as considerably less development and support is available. Additionally, much of my work in supporting midwifery education and faculty has taken place in the Asia and Pacific regions so I have some understanding of, and experience in, the midwifery education contexts. The practical aspects of limiting the focus to specific geographical regions are the time and resource constraints associated with the research degree candidature.

This introductory chapter justifies the need for a focus on midwifery and health professions' faculty development through the presentation and discussion of evidence and global reports. Providing a brief overview of the Asia Pacific LMIC context regarding midwifery education helps to explore, and orientate the reader, to the context in which this research was undertaken. Following the justification and context setting, the research aim and objectives are presented and aligned with the research outputs that form the chapters of this thesis by compilation.

What is faculty development?

Faculty development encompasses a range of initiatives aimed at enhancing teaching and learning quality. It is often broadly defined as the provision of a range of activities that educational institutions provide to support the ongoing education and development of academic staff and systems (Bhatnagar et al., 2010; Steinert, 2025b; Van Schalkwyk et al., 2024). Faculty development is also referred to as staff development, academic development, or instructional development, and encompasses activities undertaken to improve skills, knowledge and behaviours as teachers and

educators, and recognises that these activities may be individual pursuits or undertaken as part of a team (Steinert, 2025b; Steinert et al., 2016; Van Schalkwyk et al., 2024).

The International Confederation of Midwives (ICM) broadly defines 'Faculty' as qualified individuals involved in teaching learners in a midwifery education program, which may include both midwife educators and experts from other related disciplines (International Confederation of Midwives (ICM), 2021). More recently, ICM has provided a further definition of 'Midwife Faculty' as qualified midwives who are primarily responsible for teaching learners in a midwifery education program (International Confederation of Midwives (ICM), 2025a). This more precise definition supports ensuring midwifery education programs are taught primarily by qualified midwives, as it is common in some countries for midwifery to be taught and midwifery programs to be led by other health professional faculty, such as nurses and medical officers (Davis & O'Connell, 2023).

Faculty development encompasses both formal and informal strategies and practices aimed at enhancing professional education practices. Some faculty development activities include formal programs of study, peer coaching or mentoring, work-based observation, communities of practice, online learning, and the more traditional workshops and courses (Steinert et al., 2016). Faculty or staff development can also be viewed as capacity building. Many programs that set out to build capacity, particularly in health professionals' education, use a faculty development approach (Steinert, 2025b). A program of faculty development is often seen as being critical in improving the teaching quality and enhancing teaching effectiveness in the health professions (Bhatnagar et al., 2010; Steinert et al., 2016; WHO et al., 2019).

Whilst traditional programs of faculty development for health professionals have focused on developing learning and teaching aspects of the role, there is increasing recognition of the need for development in all aspects of the faculty role (Carpenter, 2025; Fleming, 2023; Van Wyk & Van Zyl, 2023). This includes being able to provide leadership in program design and development, institutional leadership and management, and scholarly research-related activities (Foroughi et al., 2025; Hodges & Horsley, 2025; McKimm et al., 2025).

Various strategies have been used to deliver or facilitate faculty development programs to enhance teaching effectiveness or build faculty capacity in expected roles (Steinert, 2025b). These include but are not limited to participation in seminars or workshops; observation of exemplary practice; reflection on one's own teaching and faculty practice; participation in focused development activities; formal courses or programs of development; and involvement in communities of practice or special interest groups (Bhatnagar et al., 2010; Erlandsson et al., 2018; West et al., 2016). Whilst there is recognition that a wide variety of strategies can be utilised to deliver faculty development

programs, activities must take into consideration the specific needs of the country, the profession, the institution, the teacher and the learner (Bhatnagar et al., 2010; Steinert, 2025b; Steinert et al., 2016; World Health Organization, 2013c)

A focus on faculty development

Although explained at length in my Positionality Statement (Chapter 2), I will provide a brief explanation of my interest in exploring faculty development in the LMICs of the Asia-Pacific region. I entered faculty practice in 2003 as a midwifery faculty member. Even though I had access to formal and informal development opportunities, I felt unprepared for the move from clinical to academia and found this a challenging time, even though I worked in a high-resource setting and had excellent mentorship.

Later in my career, I was invited to work in strengthening midwifery education in low-resource settings. Initially, in curriculum review, development and implementation support and subsequently, faculty development program design and delivery. During this time, I met and worked alongside midwifery faculty who worked in challenging and resource-constrained environments but were passionate and committed to providing students with the best learning experience. These faculty members received few formal development opportunities, and when any opportunity was offered, they participated with enthusiasm and continued requests for further development opportunities. This experience set me on the path to addressing disparities in access to ongoing development opportunities for midwifery faculty in the region.

The global importance of faculty development

Globally, the development of the faculty who educate midwives is urgently needed. The World Health Organization's (WHO) *Strengthening Quality Midwifery Education for Universal Health Coverage 2030: Framework for Action* (WHO et al., 2019), and the *Global Strategic Directions for Nursing and Midwifery 2021-2025* (World Health Organization, 2021) both prioritise developing faculty to ensure the delivery of high-quality education programs. In addition to these global reports, the *State of the World's Midwifery Report* (UNFPA et al., 2021) calls for urgent and massive investment in education, including development and capacity strengthening of faculty to design, deliver and evaluate programs of study. Further support for a focus on faculty comes from the closely related health profession of nursing, as in the region, midwifery is often regulated under the nursing profession and midwifery education programs often require a nursing qualification as a pre-requisite. The previous 2020 report and the most recent *State of the World's Nursing Report 2025* emphasising faculty development as a cornerstone for strengthening education (World Health Organization, 2025). In line with the *State of the World's Midwifery 2021,* the nursing report

underscores the need for targeted investment in faculty development (World Health Organization, 2020, 2025). These repetitive and sustained calls for a focus on faculty provide high-level support for the provision of faculty development in both nursing and midwifery professions.

Whilst needed across the globe, particular emphasis is required in LMICs as there are large discrepancies in the standard of healthcare education, provision and outcomes when compared with high-income countries (HIC) (Hill et al., 2021; UNFPA et al., 2021; World Health Organization, 2025). Lack of education opportunities for health professionals and faculty has been identified as a contributing factor to poorer health outcomes (Hill et al., 2021; Lassi et al., 2016; Sommers & Rio, 2020; West et al., 2016).

High-level evidence supports midwives and nurses as key to the provision of Universal Health Care (UHC) and to improving health outcomes for all (World Health Organization, 2021). Equally critical in improving health outcomes is ensuring that those who educate the largest health workforce, midwives and nurses, are prepared and supported to provide high-quality education (World Health Organization, 2013b). The development and strengthening of those who teach is an important strategy to improve the quality of care provided by maternity health professionals and, in turn, to reduce maternal and newborn mortality (Renfrew et al., 2014; ten Hoope-Bender et al., 2014; West et al., 2016). Quality midwifery and nursing education produces graduates who have the required skills, knowledge, and attributes to meet the health needs of the population they provide care for (Coster et al., 2018; World Health Organization, 2020). The ability to produce quality midwifery and nursing graduates is directly influenced by the number of quality faculty, who are educated and supported to meet the approved education program vision, mission and intended outcomes (International Confederation of Midwives (ICM), 2021, 2024, 2025a; UNFPA et al., 2021; World Health Organization, 2020).

The World Health Organization's (WHO) *Strengthening Quality Midwifery Education for Universal Health Coverage 2030: Framework for Action* sets out three strategic priorities for midwifery education and strategic priority three (c) is:

> *Coordination and alignment between midwifery stakeholders at global, regional and country levels to align education and training processes, knowledge, research, evidence-based materials, indicators and investment (WHO et al., 2019, p. 36).*

This strategic priority includes a "*Focus on Faculty*" to improve the quality of midwifery education and, in doing so, increase the quality of midwifery graduates and midwifery care provision. One of the suggested strategies in the *Strengthening Quality Midwifery Education for Universal Health*

Coverage 2030: Framework for Action is to provide an environment where educators can maintain clinical expertise and competence through a practice-teach-practice cycle. Current systems of midwifery education often do not allow for or support continuation in professional practice as part of the role of faculty. The *WHO Strengthening Quality Midwifery Education for Universal Health Coverage 2030: Framework for Action* provides strategies that aim to improve all midwifery educators' standards to an acceptable international level.

Professional midwifery and nursing educator competencies or standards are available and widely accepted (World Health Organization, 2013a, 2016). Both sets of professional competencies are similar, so when summarised and combined, midwifery and/or nursing educators should demonstrate competence in professional practice; theory of learning; ethical and legal principles; leadership and management; assessment and evaluation; research; communication and collaboration; and curriculum development and implementation. Broadly, these standards should inform both the role of faculty, and their preparation, development, and continued support.

The recently released *Midwifery Accelerator Expanding Quality Care for Women and Newborns* report (UNFPA et al., 2025) recognises the importance of investment in midwifery education and faculty in order to accelerate the transition to midwifery models of care. The report sets out seven accelerators under three pillars. Pillar 1 focuses on investing and committing to midwifery as the primary model of care provision; pillar 2 focuses on educating, deploying and retaining midwives and includes a focus on supporting midwifery faculty; and pillar 3 calls for advocating and empowering midwives and the communities they practice in. Pillar 2 calls for investment in faculty training, including opportunities for advanced education, mentorship programs, and professional development. Strengthening faculty capacity is presented as essential for improving midwifery education quality and ultimately enhancing maternal and newborn care outcomes

The World Health Organization's report *Global Strategic Directions for Nursing and Midwifery 2021-2025* identifies strengthening quality midwifery and nursing education (Education) as one of the four strategic directions (World Health Organization, 2021). In addition to strengthening quality education, strategic directions include increasing quality workforce (Jobs); increasing the number of midwives and nurses in senior leadership positions (Leadership); and, enabling midwives and nurses to work to their full scope in the delivery of safe care (Service Delivery). Each strategic direction has several policy priorities listed, and a policy priority for strengthening education includes:

> *Ensure that faculty are properly trained in the best pedagogical methods and technologies, with demonstrated clinical expertise in content areas (World Health Organization, 2021 p. 6).*

The *Midwifery Accelerator Expanding Quality Care for Women and Newborns* (UNFPA et al., 2025), the *Strengthening Quality Midwifery Education for Universal Health Coverage 2030: Framework for Action* (WHO et al., 2019) and the *Global Strategic Directions for Nursing and Midwifery 2021-2025* (World Health Organization, 2021) reports prioritise developing faculty to ensure the delivery of high-quality midwifery programs. Furthermore, the *UNFPA Global Midwifery Strategy 2018-2030* identifies the strengthening of education as a key strategy to improving maternal and newborn outcomes (UNFPA, 2018). UNFPA's strategy includes strategic interventions such as the provision of midwifery faculty development programs to build and/or strengthen capacity and provide ongoing support, and introducing or strengthening processes for certification of midwifery faculty that use the *ICM Global Standards for Midwifery Education* (International Confederation of Midwives (ICM), 2021) and the *ICM Essential Competencies for Midwifery Practice* (International Confederation of Midwives (ICM), 2019) as a benchmark (UNFPA, 2018).

In addition to these global reports, both the *State of the World's Midwifery* and the *State of the World's Nursing* reports (UNFPA et al., 2021; World Health Organization, 2025) call for an urgent investment in education, including developing or building the capacity of faculty to design, develop, deliver and evaluate programs of study. These repetitive and sustained calls for a focus on faculty provide high-level support for providing/strengthening programs of faculty development in both the midwifery and nursing professions. Whilst there is some consensus on broader health professionals' faculty development program content and examples of different modes of delivery, there is less evidence for programs specific to midwifery and/or nursing. Given the call for a focus on midwifery and nursing faculty development, evidence specific to these vital health professions will ensure programs meet the needs of the professions and the context of educational and clinical practice.

Challenges in the preparation and the continued development of midwifery and nursing faculty have been identified and include a lack of pathways from clinical to academic practice (Trusson et al., 2019); lack of investment in education and educators (UNFPA et al., 2021; World Health Organization, 2020); lack of recognised career pathways or recognition upon completion of further qualifications (van Wyk et al., 2020); and, a lack of provision of, and/or access to faculty development (Behar-Horenstein et al., 2019). These challenges are more evident in low-resource settings.

Therefore, the focus of my research program and PhD was on midwifery faculty in the LMICs of the Asia and Pacific Region. The overall aim of my research was the development of an evidence-informed framework for strengthening the provision of midwifery faculty development. The evidence-based framework was informed through the conduct of research that identified faculty

needs and priorities for development (Chapters 5 & 6); examined existing and ideal pathways to midwifery faculty practice (Chapter 6); and determined what high-level strategies and support are required to ensure a focus on midwifery faculty development (Chapter 7).

The Asia and Pacific low- and middle-income context: the focus areas of my study

The Asia and Pacific regions of the world are made up of geographically, socially and culturally diverse countries and peoples. When combined, the regions make up more than 50% of the Earth's surface and are home to more than half of the world's population (Kennedy, 2023). The *United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP)* divide the 38 countries in the region into the following sub-regions: East and North Asia; North and Central Asia; South and South East Asia; South and South West Asia; and the Pacific (Kennedy, 2023). Whilst not all countries in the UNESCAP regional groupings are LMICs, most of the countries in the region are classified with the World Bank classification of lower-middle-income countries. Some countries in the region are considered upper-middle income, and only a few are considered high-income countries (HIC), and these include Australia, New Zealand, Japan and South Korea and other small Pacific Island countries such as New Caledonia and American Samoa. Only one country is classified as low-income, and that is Afghanistan (World Bank, 2023).

Despite progress, the maternal mortality ratio (MMR) in many of the low and lower-middle-income countries in the region remains higher than the *Sustainable Development Goal (SDG)* target of less than 70 per 100,000 live births (The Global Goals, 2025; WHO, UNICEF, UNFPA, World Bank Group, & UNDESA/Population Division, 2025). The latest WHO MMR estimates identify at least 15 countries in the Asia and Pacific region that have MMR values above the SDG target of 70 (WHO, UNICEF, UNFPA, World Bank Group, & UNDESA, 2025). The neonatal mortality rates (NMR) in this region are also unacceptably high (UNICEF, 2025). Key strategies in ending preventable maternal and newborn mortality include improving universal health coverage for comprehensive maternal and newborn care and midwives (UNICEF, 2020; World Health Organization, 2015). Data supports the investment in well-educated and regulated midwives in improving maternal and newborn mortality (Nove et al., 2020). Strengthening midwifery education relies on investing in well-prepared and supported midwifery faculty (Bar-Zeev et al., 2024; WHO et al., 2019).

Midwifery education in the Asia and Pacific LMICs context

The most recent global *State of the World's Midwifery Report* (SoWMy) recognises that midwifery education varies significantly across countries in the region and is influenced by factors such as national policies, healthcare needs, and available resources (UNFPA et al., 2021). The report identifies that midwifery educational pathways include both direct-entry programs and post-nursing

programs. Traditionally, in many countries across the region the pathway to a midwifery qualification required an existing nursing qualification. However, many countries in the region now offer a direct pathway that does not rely on a nursing qualification as entry criteria. All midwifery programs offered in Pacific Island Countries are post-nursing programs (Smith, Calvert, et al., 2023; UNFPA et al., 2019). However, across the Asia region, there is much variability with a mix of direct-entry and post-nursing pre-service midwifery programs and program durations ranging from 12 months to five years (UNFPA et al., 2021). When compared with high-income countries, LMICs are more likely to have a greater number of midwifery education pathways and programs that are shorter in duration (Neal, Nove, et al., 2023). Furthermore, some countries in the region do not recognise midwifery as a health professionals' cadre and do not offer midwifery-specific education programs.

Education accreditation systems also differ, and not all countries in the region have national mechanisms to ensure the quality of midwifery education (Nove et al., 2018). Few countries have country-specific accreditation standards for midwifery education programs. However, the International Confederation of Midwives provides *Global Standards for Midwifery Education* (International Confederation of Midwives (ICM), 2021) and these standards are recognised, utilised and/or adopted in some countries. The *ICM Global Standards for Midwifery Education* include a standard on midwifery faculty, and while these standards include this category for midwifery faculty, there is limited direction for the design and/or provision of faculty development programs. Given the lack of national standards for midwifery education and faculty, the expectations and qualifications of midwifery faculty vary across the region, with some countries requiring educators to be trained midwives, while others accept educators from various healthcare backgrounds, such as nursing and medicine (Neal, Nove, et al., 2023; UNFPA et al., 2021).

There is a critical need for strengthening the capacity of midwifery educators to improve the quality of midwifery care. Quality midwifery education relies on producing graduates who meet global standards and work in regulated professions within enabling environments. Faculty development, which includes a range of activities to support the ongoing education and development of academic staff, is essential for preparing and supporting educators in their roles. There is global recognition of the need for faculty development in midwifery education, particularly in LMICs. Multiple reports from global health and professional entities call for significant investment in midwifery education and a focus on midwifery faculty in order to improve the quality of midwifery education and subsequently contribute to improving maternal and newborn health outcomes.

This PhD program of research contributes to addressing the critical need for strengthening the capacity of midwifery faculty. Firstly, a scoping review identified common content, modes of delivery and evaluation methods of current faculty development programs. A subsequent survey focused on identifying the development needs and priorities of faculty in LMICs of the Asia-Pacific region. Following the identification of faculty needs and priorities, pathways and support available to, or required by, faculty in the region were explored. Finally, focus group discussions and a consensus process with midwifery education experts identified the higher-level actions or support mechanisms required to promote and sustain a focus on midwifery faculty to support them in their role of the provision of high-quality midwifery education. The aim, objectives and research questions and associated outputs and publications are set out below.

Aims, objectives and questions

Research Aim

The overall aim is to develop an evidence-informed framework for strengthening the provision of midwifery faculty development.

Research objectives

There are six objectives:

1. Explore the content, modes of delivery and evaluation processes for faculty development programs in nursing and midwifery, with a primary focus on midwifery.
2. Identify key actions and support needed to maintain a strong focus on midwifery faculty and their professional development.
3. Explore the pathways from midwifery clinical practice to faculty practice in low- and middle-income countries of the Asia-Pacific region.
4. Identify the development needs of midwifery faculty in low- and middle-income countries of the Asia-Pacific region.
5. Explore the barriers and enablers that current faculty experience in meeting the expectation of continued clinical competence.
6. Explore the demand for, access to, and provision of, midwifery faculty development in low- and middle-income countries in the Asia-Pacific region

Research questions

My PhD addressed several research questions using a range of research methods to achieve the research aim and objectives. These are presented below in the form of outputs

(publications/manuscripts) and the citations associated with the outputs, to meet the requirements of a thesis by compilation.

Research output one: Scoping Review

What constitutes common content, delivery modes and outcome measures for faculty development programs offered in nursing and/or midwifery?

Chapter 4 (Smith, Gray, et al., 2023)

Research output two – Faculty development needs (Asia-Pacific LMIC focus)

What are the development needs of midwifery faculty in low- and middle-income countries of the Asia Pacific region?

Chapter 5 (Smith et al., 2024)

Research output three - Career and support pathways from midwifery clinician to faculty member (Asia-Pacific LMIC focus)

What pathways exist or are identified as supporting a transition from clinical practice to a midwifery faculty member?

AND

What are the barriers and enablers for the maintenance of clinical competence of midwifery faculty in low- and middle- income countries of the Asia-Pacific region?

AND

What is the demand for, access to, and provision of, midwifery faculty development in low- and middle-income countries in the Asia-Pacific region

Chapter 6 (Smith, Gray, & Homer, 2025)

Research output four - Key stakeholders and experts in midwifery education

What are the systemic barriers to, and key actions and support needed to maintain a strong focus on midwifery faculty and their professional development?

Chapter 7 (Manuscript Draft with co-authors)

Linking research outputs, objectives and thesis chapters

The following table (Table 1.1) provides a summary of the research outputs, as in publications/manuscripts, the research objectives each output aimed to address and the thesis chapter that presents the publication/manuscript.

Table 1.1 Publication or manuscript, chapters and research objectives summary

Publication/Manuscript	Thesis Chapter	Research Objective(s)
Smith, R., Gray, J., & Homer, C. (2023). Common content, delivery modes and outcome measures for faculty development programs in nursing and midwifery: A scoping review. *Nurse Education in Practice, 70*, 103648. https://doi.org/10.1016/j.nepr.2023.103648	4	1
Smith, R., Gray, J., & Homer, C. (2024). "It would be nice to have more than basic support": A learning needs assessment survey of midwifery faculty in LMICs of the Asia Pacific region. *Women and Birth, 37*(4), 101624. https://doi.org/10.1016/j.wombi.2024.101624	5	4, 6
Smith, R., Gray, J., & Homer, C. (2025). Pathways, development needs, and clinical connections for midwifery faculty in low- and middle-income settings of the Asia Pacific region: A qualitative study. *Women and Birth, 38*(1), 101841. https://doi.org/10.1016/j.wombi.2024.101841	6	3, 5, 6
Smith, R., Gray, J., Levy, C., Pairman, S., af Ugglas, A., & Homer, C. (2025). Strengthening Midwifery Faculty Development: A synthesis of the outcome from a Utstein-style meeting - Draft Manuscript. University of Technology.	7	2

Structure of the thesis

The thesis, a PhD by compilation, comprises three peer-reviewed publications presented in Chapters 4-6 and a further draft manuscript presented as Chapter 7. The thesis may appear repetitive at times, as similar introductions and backgrounds were required in each publication to allow the individual manuscripts to stand alone as separate publications and to provide readers of each paper with the necessary context for the research.

The research employed a mixed-methods approach to address the aim and objectives. An overview of the methods used is provided in Chapter 2, as well as in each chapter that presents a manuscript. A brief description of the chapters is provided below.

Chapter one has introduced the aim and objectives of my PhD candidature. It also introduces the topic of midwifery faculty development and provides justification for the research. As the research focuses on the LMICs of the Asia Pacific Region, the chapter also includes an overview of midwifery education in the LMIC context.

Chapter two situates the research in broader theoretical and methodological approaches. The guiding frameworks and approaches that informed the design and execution of the studies are presented and discussed. A summary of each method used in the four studies is provided. Chapter two also presents a critical reflection on my positionality and reflexivity as a researcher in this field.

Chapter three provides a broad overview of the literature on faculty development. The concepts and definitions of faculty development as they relate to the broader health professions, midwifery and nursing are presented. Programs of faculty development are described, and the discussion includes the frameworks that inform development, and the processes of evaluation for these development programs. This chapter complements the more targeted scoping review presented in Chapter Four, which is described below.

Chapter four presents a scoping review that addresses the objective to explore the content, modes of delivery and evaluation processes for faculty development programs in nursing and midwifery, with a primary focus on midwifery. The scoping review provides a summary of the current context in the provision of faculty development programs for midwifery and nursing faculty. The scoping review is published:

Smith, R. M., Gray, J. E., & Homer, C. S. E. (2023). Common content, delivery modes and outcome measures for faculty development programs in nursing and midwifery: A scoping review. *Nurse Education in Practice*, 103648. https://doi.org/10.1016/j.nepr.2023.103648

Chapter five presents the learning needs assessment survey that addresses the research objectives that aimed to identify the development needs of midwifery faculty and the exploration of, demand for, access to, and provision of midwifery faculty development in LMICs in the Asia-Pacific region. The survey and associated findings are published:

Smith, R. M., Gray, J. E., & Homer, C. S. E. (2024). "It would be nice to have more than basic support": A learning needs assessment survey of midwifery faculty in LMICs of the Asia Pacific Region. *Women and Birth,* 37(4), 101624. *https://doi.org/10.1016/j.wombi.2024.101624*

Chapter six also addresses multiple research objectives, including further exploration of demand for, access to, and provision of, midwifery faculty development and current or requested supportive

pathways from midwifery clinical practice to faculty practice. In addition, faculty discussed the barriers and enablers to their maintenance of clinical competence and connections. Reflexive thematic analysis of semi-structured one-to-one interviews with midwifery faculty is presented and discussed. This analysis and associated discussion are published:

Smith, R. M., Gray, J. E., & Homer, C. S. E. (2025). Pathways, development needs, and clinical connections for midwifery faculty in low- and middle-income settings of the Asia Pacific region: A qualitative study. *Women and Birth*, 38(1), 101841. https://doi.org/10.1016/j.wombi.2024.101841

Chapter seven addresses the research objective of identifying key actions and support needed to maintain a strong focus on midwifery faculty and their professional development. The chapter describes the application of a nominal group technique approach to identify key actions required globally to strengthen midwifery faculty development. The Utstein-style approach uses a series of meetings with experts to apply a nominal group technique to reach expert consensus on a given topic. Online meeting focus group discussions are analysed, and the outcomes from the face-to-face Utstein process are described and discussed. This chapter is in the form of a manuscript, which is currently under review by co-authors and will be submitted for publication in the coming months:

Smith, R., Gray, J., Levy, C., Pairman, S., af Ugglas, A., & Homer, C. (2025). Strengthening Midwifery Faculty Development: A synthesis of the outcome from a Utstein-style meeting - Draft Manuscript

Chapter eight integrates and discusses the key findings from each of the studies to produce the *Evidence-Informed Framework for Midwifery Faculty Development*. The evidence-informed framework is presented and discussed. The framework encompasses overarching design principles and a series of key considerations that should be taken into account in the design and delivery of midwifery faculty development programs. The presentation and discussion of the framework align with the overall aim of my research, which is to develop an evidence-informed framework for strengthening midwifery faculty development.

Conclusion

There is an urgent need to support and develop midwifery faculty to ensure they are equipped to deliver high-quality education. Numerous global and high-level reports emphasise the importance of investing in midwifery educators as a critical step toward improving the quality of midwifery care and enhancing health outcomes for women, newborns, families, and communities.

Where development programs do exist, they often focus narrowly on the traditional teaching role, overlooking the broader and evolving responsibilities of midwifery faculty in contemporary healthcare education. Comprehensive support that addresses these expanded roles is essential. While faculty development is a global priority, it is especially critical in LMICs, where disparities in healthcare education, service provision, and outcomes are most pronounced compared to high-income countries.

Summary and introduction to Chapter 2

This chapter introduced and explained the concept of faculty development, providing the background for some of the challenges in the provision of development programs. An overview of the midwifery education context in the LMICs of the Asia and Pacific regions has also been provided. The chapter provides background support and justification for exploring and examining the need for, provision of, and access to midwifery faculty development programs in LMICs of the Asia and Pacific regions. All concepts presented in this chapter are discussed in further detail throughout the following chapters. The next chapter situates the research in theoretical and methodological underpinnings, and positions me as a researcher in midwifery faculty development.

Chapter 2: Situating the research: positionality, theoretical and methodological underpinnings and research methods

Introduction

While a thesis by compilation does not always include a dedicated theoretical framework, it is important to acknowledge the guiding frameworks and approaches that informed the design and execution of the studies presented. Despite methodological differences across the individual studies, they share a unifying aim: to contribute to the development of an evidence-informed framework for strengthening midwifery faculty development.

This chapter also offers a critical reflection on my positionality and reflexivity as a researcher in this field. Adopting a reflexive stance, I recognise that I am not a neutral observer but an active participant whose values, experiences, and social positioning influence all aspects of the research process.

The chapter begins by exploring my positionality, highlighting how my personal and professional experiences intersect with the research topic. I then discuss the theoretical underpinnings of my research, constructivism and pragmatism, which shaped the lens through which faculty development was examined. Ethical considerations relevant to the conduct of the studies are also discussed. Finally, the chapter outlines the overarching methodological approach, including its epistemological foundations, and provides a rationale for the selected methods that addressed the research aim and objectives.

Researcher positionality and reflexivity statements section

Positionality

In recognition of the value of a subjective, situated and curious researcher, let me begin presenting this program of research by providing you, the reader/examiner, with a background regarding my experiences, values, biases, choices and assumptions that have consciously and unconsciously impacted on the research process, analysis and presentation of findings, and the associated discussions. Much research is rooted in differing levels of privilege, and my experience as a researcher comes from a position of privilege, dominance and power.

I am a cis-gendered white woman with a lifetime of access to high-quality education and development opportunities. This is not to say I did not work hard to progress through this education system, but my route was more straightforward than many, or even most, and full of exciting opportunities. Throughout my schooling, I was a member of the dominant cohort. I grew up in New

Zealand, a colonised country, with limited exposure to the non-dominant races, religions and cultures. I attended a co-ed Catholic primary school and a single-sex Catholic girls' high school, where whitewashing of curricula was and remains a common practice. One example of curriculum whitewashing was my high school history subject, where we learned about British and American history, but nothing about pre-colonial Māori history or culture.

I came from a stable and loving family and a generally well-resourced household, expecting my education to go as far as I chose. As was common in the era I grew up in, I left school after 6th form (Year 11) and entered a program of nursing studies. I could have progressed to university, but this was much less common for women of my era, who were often expected to enter nursing, teaching, administration, and/or retail.

I completed my nursing education, again as a member of the dominant cohort and progressed to employment in a profession that was predominantly full of white, middle-class women. Due to my upbringing as described, I understood the value of continuous learning and could afford to engage in this. With privilege creating privilege, I had the opportunity to gain employment overseas in Saudi Arabia, a country and culture so different to anything I ever imagined. Suddenly, I was the non-dominant race and culture; however, due to being from what was described as a 'developed' country, I maintained a position of privilege in the work I was doing. My time in Saudi Arabia introduced me to different cultures, religions, and life experiences and opened a whole new world for me. I started to understand that not everyone had access to the opportunities provided to me through privilege. I worked with women who were not permitted to access education or employment, were unable to choose when or whom they married, or when and if they would have children. Women who had limited autonomy in many aspects of their lives but who generously and gently educated me on the privilege that comes through circumstance.

This experience drove me to work with women and families who, through circumstance, experienced vulnerabilities I could not begin to understand. Still, I could recognise the circumstances and respect each journey for the strength and persistence required each and every day. This work played out in my midwifery practice, through initially working in a low-socioeconomic area on the outskirts of Sydney, Australia, through to providing caseload midwifery for women with social, emotional and physical challenges. Again, partly due to the continued privilege of access to education and opportunities, I started working as a midwifery faculty (academic) member. As a new midwifery faculty member, I was supported and mentored by experts in the field and was provided with as much development as I could possibly manage. I completed a Graduate Certificate in Higher Education, Teaching, and Learning, as well as a Master's degree by research. These early career

years as a midwifery academic prepared me well for what would become my primary focus in education and career – midwifery faculty development.

I failed to recognise during my early faculty career that the feelings I experienced of not belonging or feeling like a fraud or impostor are a common phenomenon among those new to faculty roles in health professions. Still to this day, I continue to experience periods where I wonder how I got to where I am in my career. These sustained feelings of impostor syndrome have driven me to explore new and continuing faculty pathways and support needs. If I feel this way despite continued access to a range of support and development opportunities, I imagine that faculty in low-resource settings must struggle to grow into their roles. This experience helped to inform both the design of the studies in my program of research and the development of the associated survey and interview questions.

As part of my role as an academic in a high-resource setting, I was invited to join a team committed to strengthening midwifery and nursing education in the Pacific Region. I began my faculty development journey with a project to strengthen health professionals' education and curricula with a team of midwifery and nursing educators and leaders in Samoa, an island country in the South Pacific. This work in Samoa again reminded me of the privilege afforded me through being based in a high-income and high-resource setting. I met and worked with midwifery faculty who strived to provide high-quality and contemporary teaching and learning experiences with minimal resources and in environments and learning spaces that constrained their ability to support student learning. This opportunity led to other education and curriculum development work in other low-resource settings such as Afghanistan, Cambodia, the Democratic People's Republic of Korea (North Korea), Laos People's Democratic Republic, Bhutan, Indonesia, Pakistan, Timor Leste, Papua New Guinea, and across the Pacific Island countries with midwifery education programs – Fiji, Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu. In all these places, I met and had the privilege of working alongside passionate, committed, and resilient midwifery educators and faculty who, despite limited opportunities and access to career development, did their best with the resources available to them. However, I could see that if they were afforded even a small proportion of the opportunities I have received in my faculty career, they could make more of a difference in strengthening the quality of midwifery education in their setting. In line with current evidence that supports a focus on faculty for strengthening midwifery education, these experiences consolidated my belief that well-prepared and supported faculty make a significant difference in the quality of midwifery education. High-quality education then impacts the graduates' quality, and the care provided for women, babies, families and communities.

Reflexivity

An increasing expectation of a qualitative researcher is the need to engage in reflexivity. Broadly, reflexivity is generally understood or described as the influence the researcher has on the research and vice versa (Probst, 2015). However, there is recognition that the concept and application of reflexivity is poorly defined and vaguely understood by many (Olmos-Vega et al., 2023), especially beginner researchers like myself. Olmos-Vega et al. (2023) capture this lack of researcher clarity when they claim health professional researchers are often 'lost in a fog of uncertainty' regarding an understanding and application of reflexivity. Olmos-Vega et al. (2023) inductively analysed descriptions and definitions of reflexivity found in qualitative research to produce the following definition:

> "*Reflexivity is a set of continuous, collaborative, and multi-faceted practices through which researchers self-consciously critique, appraise, and evaluate how their subjectivity and context influence the research processes (p242)*"

Reflexivity attempts to acknowledge the researcher as an active participant in the research and values their contribution. There are several aspects associated with researcher reflexivity, and I will provide my reflections on a personal, interpersonal and context level.

Personal reflexivity

As evidenced in my positionality statement, I have spent time reflecting on aspects of my personal experience that have informed my decisions leading to my career and research focus. However, reflexivity regarding the research requires examining my impact on the research process.

This research program is my quest for a PhD, and as such, I am constrained by the rules, regulations and academic conventions applied to my candidature. Reflexivity requires a level of honesty, and if I am entirely honest, the requirements and stages of a full-time PhD candidature do not support in-depth reflection on action. This is not to say I was not encouraged to apply a level of reflexivity to all aspects of this research. Engaging in a reflexive approach supported me in identifying and articulating where I come from, both personally and professionally, and enabled me to better understand how I "fit" or "sit" within the social world in which my research is based. This ongoing process of reflection ensured I remained aware of my perspectives and the potential impact this had on the program of research.

Situatedness is not static; rather, it evolves throughout the research process. Identifying my situatedness required continuous self-assessment and reflection. Throughout my research, I actively engaged in reflexive processes to better understand how my positionality shaped the research.

During the conceptualisation and design stages, I drew on my experience as both a faculty member and a faculty development professional to identify and design distinct yet interconnected mixed methods studies. Faculty member and faculty development experiences informed the direction and scope of the studies and allowed me to approach the research with a nuanced understanding of the field.

As the research progressed through data collection, analysis, and writing, I employed various reflective strategies to maintain awareness of my positionality. I used memo-making, note-taking, journaling, and the development of a narrative autobiography to document my evolving perspectives. These practices informed my statement of positionality, and the reflections presented throughout this chapter, ensuring that my role in shaping the research was acknowledged and made explicit. By embedding reflexivity throughout the research process, I aimed to enhance the transparency and depth of my work, recognising that my position within the study is not separate from the research itself but an integral part of it.

In deciding to embark on this research, I was afforded a long lead-in time. I had previously (twice) enrolled in a PhD program and, for various personal and professional reasons, chose to withdraw before reaching initial confirmation of candidature. Re-enrolling for a third time was both a professional and personal risk. I thought long and hard about my ability to commence, continue and complete the planned study. This gave me time to reflect on why I was undertaking the planned research, what motivated me, and how my previous professional experience might impact the study and the participants.

Again, if I am honest, a major motivation was the requirement for the qualification to continue the work I am passionate about and wish to continue doing. Working in and for international organisations and education institutions means that a PhD is increasingly a prerequisite for many positions. A further motivation was the work I have been engaged in for the last decade. I have had the privilege to visit many countries and work with and alongside midwifery faculty to strengthen midwifery education. I see firsthand the challenges and barriers many faculty face in providing high-quality midwifery education in low-resource and fragile settings. Part of my motivation to undertake this program of research was to support midwifery faculty in having access to ongoing development and to bring their voices to a wider audience through publishing their experiences and stories. On reflection, it would be preferable if they were supported to do this or lead this themselves, but although unfair, the fact is that their voices are often not heard or prioritised. The lack of development opportunities and Western-centric approaches to research and publications often exclude their full participation. I hope that using my privilege in this system will result in a sustained

effort to ensure their voices are heard and support faculty in navigating access to development based on identified need.

This commitment to ensuring faculty in LMICs voices are heard and stories are told has informed the design, data collection and analysis of both the faculty development needs assessment survey (Chapter 5) and interview paper (Chapter 6). Being aware of the midwife faculty's challenges and environments enabled me to develop questions on areas of their role that I knew from working with the faculty members, were most challenging. During data collection and analysis, I used a journal to record my thoughts and reflections on what was being said, and possibly what was not being said. Where aspects of the role or challenges and barriers were not being discussed, I could reframe or rephrase questions to enhance the intention or increase understanding. I feel this brought richness to the data collection and analysis that may not have been possible if I had been unaware of the contexts and settings where the midwifery faculty worked.

My insider (emic) understanding of the role expectations of midwifery faculty informed the design phase of the research process. Although high- and low-resource contexts are very different, some challenges faced by midwifery faculty in any setting are the same. Transitioning from expert clinician to novice educator has similar challenges regardless of context. In my transition from clinician to academic, I experienced strong feelings of being a fraud or an impostor. I knew that I understood the complex environment of clinical midwifery, but an educational institution's systems and requirements were foreign to me. Fortunately, I had excellent mentors, but this did not always lessen my feeling out of my depth. This experience contributed to the development of the interview questions for the one-to-one interviews reported in Chapter 6.

I hope that on completion of the academic requirements associated with undertaking a PhD, I can lead from the sidelines and better support faculty in low-resource settings to lead their own research and educational development. This will impact my progression as an academic and a researcher, as much of the focus in the Western-centric academic fields is around the status of first authorship or lead researcher. However, one of the pleasures of a later-in-life research career is the clarity that comes with age and experience. Although I have not been able to adequately address the need to lead and support from behind or on the sidelines in this program of research, I hope when I have the power to increase and support the participation and inclusion of faculty from all resource settings, I am committed to using that privilege, power and opportunity to prioritise the voices of those who have long been silenced.

Interpersonal reflexivity

I recognise that my experience as a faculty member in a high-resource setting had both a positive and negative impact on research design, data collection, data analysis and interpretation. However, due to extensive experience with faculty from LMICs, I have a reasonable understanding of context constraints in these settings, and I have actively undertaken a reflexivity process throughout the research program. Having experience with faculty in LMIC settings, set me on the path to wanting to learn more about their experiences and their access to development opportunities, which led to this program of research. Early reflexivity allowed me to recognise my experience in developing as a faculty member and think about how that impacts how I see faculty experiences in other resource settings. Before embarking on this research programme, I asked myself several questions and reflected on what I saw as the answers to these questions.

One consideration was whether I saw myself as an insider (emic) or an outsider (etic) to the research (Ayton et al., 2023). Given my experience as a faculty member and working with faculty across the region, initially I did see myself as an insider. However, on further reflection and as evidenced in my positionality statement, I was not an insider to their experience nor to the considerations required for working within the low and middle-income setting. I had to ask myself, could I truly be seen as an insider when my resource setting was so different to the settings the participants came from? Someone who is a member of a specified group or collective can be considered an insider. In that respect, I am an insider due to my experience as a faculty member. However, the consideration around insider and outsider to research focuses on belonging to a particular culture or collective in that respect, given my setting, I am an outsider in terms of context. Some argue that insider and outsider perspectives are two ends of a continuum where researchers can move back and forth, during the research process (Ayton et al., 2023; Wilson et al., 2022). I hope this interplay between my insider and outsider perspectives has brought a richness of understanding to the research conduct and outputs.

Contextual reflexivity

As discussed earlier, through working with faculty in many of the settings/countries included in my research, I have gained a basic understanding of some of the contexts in which they work. However, my time in each setting is mostly brief, and to fully understand the context, more extensive experience in that context is required. I also believe that a work environment cannot be separated from life context, so coming from my privileged position, I can never truly understand the context in which the midwifery faculty in LMIC settings work and live.

The global health and international development and research space increasingly calls for the need to adopt a decolonising approach to activities and research (Mogaka et al., 2021). A decolonising approach to global research seeks to shift the power to local ownership to address power imbalances and knowledge hierarchies that continue to perpetuate a colonial approach to knowledge generation and ownership (Clarke et al., 2024; Kumar et al., 2024; Mogaka et al., 2021). However, some argue that taking a decolonising approach to research whilst employing a largely Euro or Western-centric research paradigm is not possible (Thambinathan & Kinsella, 2021).

Despite growing calls for decolonisation of research, there is limited practical guidance on how to apply this approach in practice. A recent scoping review explored available literature to develop recommendations on concrete guidelines to support taking a decolonising approach (Clarke et al., 2024). Clarke and colleagues (2024) identified five key themes that should be considered as we seek to decolonise research processes and practices. The five key themes are (1) addressing organisational structures, strategy and engagement, (2) developing research partnerships and conceptualisations, (3) redistribution of funding for research and projects, (4) expanding the research lifecycle, (5) and strengthening research teaching and associated curriculum. Clarke et.al. (2024) discuss the need for the decentralisation of power and the redistribution of resources to value different perspectives. They also highlighted the need for researchers to critically reflect on their activities in the broader social and political context in which they are operating. Other practical measures identified involve seeking local solutions for global health problems, creating collaborations between LMICs institutions, providing equitable funding for all team members, and assigning clear roles and responsibilities that respect team members' strengths (Hodson et al., 2023). However, enacting these and other recommendations is recognised as being difficult in the current prevailing systems associated with global health research being primarily led and funded by high-income countries for research focused on the Global South, where the majority of LMICs are. Compounding the challenges in attempts to more equitable distribution of power to researchers from these settings is the high probability that they have gained much of their experience and qualification (or recognition) in the current colonial global health structures (Mogaka et al., 2021).

The evolution of research and the development of established and recognised paradigms prevent beginner researchers in programs of study from moving away from what is an accepted or expected artifact produced from a program of research. Emphasis on requirements such as leading the research, being the first author on publications, and producing a thesis that is largely an individual document generally does not encourage a decolonising approach to generating new knowledge. However, through this program of research, I have become increasingly aware of the need to adopt a decolonising approach in future postdoctoral research. I have been able to make small but positive

steps towards ensuring local leadership and ownership of future research activities in the region through advocating for regional advisory committees and offering to support, rather than taking the lead on research.

Positionality and reflexivity summary

Positionality is integral to the qualitative research process and has provided me with a structured approach for an ongoing process that seeks to understand my part in and influence on the research. A reflexive approach to understanding my position enables me to identify and make explicit my personal and professional origins, and to consider how I 'fit' or 'sit' within the social world in which my research is situated.

Situatedness changes and evolves, and the identification of situatedness requires a continued process of self-conscious self-assessment and reflection. Throughout the research process, I have undertaken a process of reflection. During conceptualisation and design, I drew on my experience as both a faculty member and from my work as a faculty development developer to identify the discrete but linked studies in my research program.

Identifying my positionality and reflecting on decisions made during the research process assisted in identifying my impact on this research program. Key impacts included being aware of my privilege and the tension between being an insider regarding faculty experience and an outsider to participants' contexts of practice. I actively worked to address my impact through memo-making, note-taking, journaling, and the development of a narrative autobiography that informed this positionality and reflexivity statement.

The following section of this chapter presents and discusses the theoretical underpinnings and methodological approaches that shaped the lens through which faculty development was examined.

Theoretical and methodological underpinnings section

This research program resulted in the production of a thesis by compiling a series of studies, using various research methods. A thesis by compilation does not always present a theoretical framework as part of the compilation. However, although the methods in the research program differ, there is a commonality in addressing the overall aim of developing an evidence-informed framework for strengthening the provision of midwifery faculty development. The research objectives were carefully constructed to answer specific questions and drive the research program to address the stated aim. As a reminder, the research objectives were to:

1. Explore the content, modes of delivery and evaluation processes for faculty development programs in nursing and midwifery, with a primary focus on midwifery.

2. Identify key actions and support needed to maintain a strong focus on midwifery faculty and their professional development.
3. Explore the pathways from midwifery clinical practice to faculty practice in low- and middle-income countries of the Asia-Pacific region.
4. Identify the development needs of midwifery faculty in low- and middle-income countries of the Asia-Pacific region.
5. Explore the barriers and enablers that current faculty experience in meeting the expectation of continued clinical competence.
6. Explore the demand for, access to, and provision of, midwifery faculty development in low- and middle-income countries in the Asia-Pacific region

Key to each research objective is exploring participants' experiences and identifying what support and development is currently available, or required, to strengthen midwifery faculty capacity.

This section of the chapter discusses the application of constructivism using a pragmatic paradigm as the theoretical underpinning that informed and directed this program of research.

Research paradigm

A research paradigm guides the research and researcher through the provision of a set of values or beliefs that both inform and direct the research process (Creswell & Poth, 2018). With an overall aim of developing an evidence-informed framework for strengthening the provision of midwifery faculty development, the beliefs and principles that have shaped this research are rooted in constructivism. However, given the mixed research methods applied to generate knowledge a pragmatic paradigm was also incorporated in the design and conduct of the research (O'Brien et al., 2023). Mixed-method research is viewed as acceptable by many; some view the mixing as intentional and argue that it is not method or paradigm mixing but a process of explicit decisions regarding mutual research designs that support the researcher in addressing the primary aims and objectives of the program of research (Kelly et al., 2018).

A research paradigm, also referred to as a philosophical paradigm, is influenced by the researcher's discipline or profession, education and training, and social contexts (Creswell, 2013). A research or philosophical paradigm differs from a methodological paradigm in that a methodological paradigm sets out expected values and practices in the conduct of the research. A methodological paradigm promotes rigour and quality, whereas a philosophical paradigm refers to a researcher's beliefs, values and practices about the generation of knowledge and the nature of what is real or reality (Shannon-Baker, 2023), and what impact these beliefs and understanding have on the research process. Creswell (2013) describes four philosophical assumptions that inform a research or

philosophical paradigm, and they are ontology, epistemology, axiology and methodology. Each of these assumptions works to inform researchers' chosen methods and practices and will be discussed in relation to my research.

Ontology

An ontological perspective, or your ontology, refers to your beliefs and understandings about the nature of reality or what is known about things that exist. A relativist ontology emphasises diversity of understanding and requires the researcher to examine multiple perspectives and experiences. A relativist perspective sees reality as subjective and socially constructed based on experiences and contexts.

My program of research was based on my belief that there is no one version of reality for a midwifery faculty member, and as such, I used methods that explored many different views regarding faculty pathways and support and development needs. I conducted in-depth interviews with faculty members, asking them to share their views and experiences, and was able to report on these different experiences through grouping or theming responses (Smith, Gray, & Homer, 2025). To gain a broader perspective on the needs of midwifery faculty in LMICs of the Asia Pacific region, I used a survey as a method to quantify needs and identify priorities for faculty development (Smith et al., 2024). To gain further understanding and in recognition of the need for consideration of multiple perspectives in the generation of knowledge and understanding of what is real, input was sought from midwifery faculty and education experts on high-level strategies to promote a focus on midwifery faculty development (Chapter 7). As a researcher, I believe that the reality of access to and uptake of faculty development is complex and differs depending on the participant's context.

Epistemology

My ontological perspective of reality, being informed by and based on multiple experiences and perceptions, informs my understanding and belief on how knowledge is created (epistemology). Epistemology refers to how individuals or groups create and develop knowledge, or what they believe to be known (Creswell, 2013; Crotty, 1998; Shannon-Baker, 2023). With the overarching aim of the development of an evidence-informed framework for strengthening midwifery faculty development, the beliefs and principles that have shaped my program of research are rooted in constructivism.

Constructivism, as a research paradigm, emphasises that knowledge is actively constructed by individuals or groups through their experiences and interactions, rather than being passively received (Shannon-Baker, 2023) . Informed by the works of Jean Piaget (1977) and Lev Vygotsky (1978) Constructivism highlights the dynamic, context-dependent, and socially informed nature of

knowledge creation. The constructivist paradigm is relevant to the design of an evidence-informed framework to strengthen midwifery faculty development in LMICs, as it prioritises the co-construction of knowledge through investigating diverse experiences and contexts. Although participants' contexts may differ significantly, similarities in experiences exist and can be combined to create a shared understanding of reality. The co-construction of knowledge also recognises the researcher as an active participant whose beliefs, values and experiences help to shape the research process and the generation of knowledge.

A constructivist approach acknowledges the diversity and specificity of midwifery education contexts. Faculty development should not be a one-size-fits-all process but a dynamic and responsive opportunity shaped by individual, group, contextual and cultural factors (Steinert, 2025b). Constructivism promotes faculty development frameworks that are flexible, context-sensitive, and reflective of the unique experiences, challenges, and aspirations of midwifery faculty. Faculty are seen not as passive recipients of training but as active participants in shaping their professional growth.

In terms of research methodology, Constructivism influences how evidence is gathered and applied. A constructivist approach values subjective, co-constructed knowledge and prioritises participatory methods that involve midwifery faculty as co-creators in the research process. By engaging educators as collaborators, the resulting framework reflects their lived realities, ensuring it is both practical and meaningful. Iterative research processes, involving multiple data points and refinement, further ensure that the framework aligns with the needs of faculty and the changing contexts of midwifery education.

Ultimately, a constructivist research paradigm provided a foundation for creating an evidence-informed framework that is needs-based, adaptive, and responsive. Constructivism's emphasis on context, collaboration, and the co-creation of knowledge offers a transformative lens for strengthening midwifery faculty development in LMICs, bridging theory and practice to empower educators and enhance educational outcomes.

In addition to a belief that the creation of knowledge occurs through consideration of multiple experiences and perspectives, I also firmly believe in the need for the application of practical solutions to recognised problems and as such also include Pragmatism as an aspect of my philosophical paradigm. The aim of my research is grounded in the provision of a solution to the real-life experiences and reality of the midwifery faculty. The development of an evidence-informed framework to support and guide the design, development and delivery of needs-based faculty development demonstrates a practical purpose for the generation and application of knowledge

from this program of research. As such, I was guided by wanting to identify changes or solutions to address the challenges faced by midwifery faculty accessing needs-based, fit-for-purpose and context-specific or adaptable programs of development.

This pragmatism informed my decision to take a mixed methods approach to the generation of knowledge and understanding of the current challenges in access to and provision of midwifery faculty development. With a central aim of the creation of a resource that would help address 'the problem' of access to development, I was able to identify and decide on methods that would best support the generation of the knowledge and information required to support a change in the design and provision of programs of development.

Axiology

The element of axiology in a research paradigm refers to the researchers' values and worldview and how these impact the research design, conduct and results. This has been addressed in my researcher positionality statement, where I have outlined the reflexive approach taken to ensure that my values and worldview were examined and acknowledged during this research.

Ethical considerations overview

Given that much of this research focuses on the human experiences of participants in low-resource settings, ethical considerations are essential in protecting participants. Key ethical considerations were examined and applied during the research process to ensure the well-being of participants and the integrity of the study. Informed consent was a fundamental principle, with all participants receiving a detailed information sheet outlining the research purpose and methodology (Appendix A). Potential participants had the opportunity to ask questions before consenting and were reassured that they could withdraw without consequences. Consent was recorded through signed forms, verbal confirmation for online interviews, or survey consent pages. Given the personal nature of some discussions, there was potential for distress, particularly when participants recalled challenges faced during the COVID-19 pandemic or expressed concerns about their access to faculty development programs. Having prior experience of working with midwifery faculty in LMICs before, throughout, and following the pandemic gave me an understanding of the contexts and challenges and prepared me to provide support and strategies to lessen distress if this was evident. Having someone who understood context and could empathise with participants, hopefully, lessened the potential for distress. No formal distress protocol was developed; it was agreed that my supervision team would be available to refer participants to if required, but this was not needed. What became evident was that participants appeared to appreciate the opportunity to share their experiences and challenges and once they started talking and sharing their experiences, they were often hard to stop.

I hope this opportunity demonstrated to them that their voice is important and their participation has and will continue to strengthen midwifery faculty development in all resource settings.

Having participants from broad geographical regions and with vast cultural, linguistic, and societal differences presents the opportunity to capture a wide variety of experiences. These experiences were addressed through the application of a range of considerations to ensure my research was ethical, effective, and respectful of context. Even though the differences are many, commonalities in experiences have proved to be similar. However, differences in systems and opportunities across countries and regions may make it difficult to ensure all different experiences are reported on.

Geographical spread and cultural diversity also contribute to the need for consideration of the research language used and the requirement that all participants be interviewed in the English language. Given the resource constraints of my PhD candidature, I was unable to provide translation and/or interpretation services, so all activities needed to be conducted in my primary language of English. Unfortunately, this did limit participation for some. Having worked in countries where English is not the primary language and having attempted to learn and speak a second language, I am in awe of those who can think, speak and write in a language that is not their first language. I have tried to respect this through the verbatim use of quotes so that participants' voices are evident in this story, even where their turn-of-phrase does not fit our Western-centric publishing conventions.

A further ethical concern is related to potential conflicts of interest due to pre-existing relationships. Some participants had previously engaged in faculty development programs that I had facilitated, which may have created a sense of obligation to take part. To mitigate this, I clarified that prior programs were independent of this study and that participation was entirely voluntary. Additionally, participants could choose not to respond to requests for participation. Confidentiality and anonymity were also emphasised, ensuring that all responses were handled with care and that the research did not evaluate past faculty development initiatives. Recognising that participation could cause inconvenience or discomfort, the study aimed to minimise the burden on participants, particularly regarding time commitments, through clear information and timely conduct of interviews.

Conducting research in fragile humanitarian contexts, such as LMICs affected by crises and/or limited resource availability, presented additional ethical challenges. In such settings, midwifery faculty may work under extreme conditions, facing shortages in healthcare infrastructure, political instability, and economic hardship and in challenging environmental times (floods, earthquakes and cyclones). Through an understanding of context and potential challenges, I was careful to consider whether participation could exacerbate existing stressors and conducted all interactions with

cultural sensitivity and respect for local challenges. Ethical considerations included obtaining informed consent in a way that accommodated participants' circumstances and ensuring that engagement did not interfere with their professional responsibilities or well-being. By adopting a flexible, empathetic, and ethically sound approach, the program of research generated meaningful insights while prioritising the dignity and welfare of participants.

Ethical oversight was maintained through institutional review, with participants having access to the University of Technology Sydney Human Research Ethics Committee (UTS HREC) to report any concerns. HREC approvals and associated materials are in Appendix A. These ethical safeguards ensured that the research was conducted responsibly and respectfully, prioritising participant welfare while contributing valuable insights into midwifery education in the region.

Methodology

Methodologically, a philosophical underpinning of constructivism is broadly associated with qualitative methodologies. However, constructivism can also underpin research that uses a mixed methods approach. Methodology provides the strategy that informs study design, data collection and analysis, and presentation of findings. As my program of research was a series of discrete but linked studies, there was no one methodology applied. The differing methods used are described in detail in each of the publication chapters (4, 5, 6, 7,), discussed further here to provide an overview of the methods used. The choice of method for each study is justified in Table 2.1.

Scoping review method (Chapter 4)

The Joanna Briggs Institute (JBI) Methodology for Scoping Reviews and the PRISMA-ScR standards were followed for this review (Peters et al., 2020; Tricco et al., 2018). A review protocol was developed to guide the process. A preliminary search for existing reviews was conducted using keywords like Faculty Development, Midwifery, Nursing, Systematic Review, and Scoping Review.

A three-step approach was used to develop the comprehensive search strategy. Initially, a limited search of CINAHL and ERIC databases identified key terms. These terms were reviewed by co-researchers and a university librarian, and then used to search six databases: CINAHL, ERIC, Ovid MEDLINE Full Text, Web of Science, Academic Search Complete EBSCO, and Health Source: Nursing/Academic Edition EBSCO. Hand searching of reference lists and Google Scholar for grey literature was also performed.

Items identified through database searches were imported into EndNote (Clarivate Analytics, 2023), duplicates were removed, and the remaining citations were uploaded into Covidence (Veritas Health Innovation, 2022). Myself and supervisor (CH) independently screened titles and abstracts and

conducted full-text reviews, and my second supervisor (JG) screened a random selection of studies. Discrepancies were resolved through team discussion.

A data charting form was designed and tested on a small sample of studies. Data from eligible studies were extracted by me and reviewed by my supervisors. The data extraction tool captured key characteristics and detailed information on faculty development programs. Data were extracted, and content analysis was used to synthesise findings (Braun & Clarke, 2022).

Faculty development learning needs assessment survey method (Chapter 5)

The faculty development needs assessment survey was conducted in LMICs in the Asia-Pacific region where midwifery is a recognised or emerging profession. A bespoke survey was developed as no validated tool for assessing the development needs of midwifery faculty was available. The survey questions were based on the previously described scoping review of faculty development programs in nursing and midwifery (Smith, Gray, et al., 2023) and were pre-tested with expert midwifery faculty at an international education symposium in June 2023.

Participants were invited to complete the survey if they worked in an educational institution teaching midwifery, either as a stand-alone program or as part of a nursing program. Convenience and snowball sampling methods were used (Jager et al., 2017), through leveraging an established Community of Practice of midwifery educators in the region. The survey was distributed electronically within the Asia-Pacific midwifery education communities of practice, initially reaching an estimated 300 midwifery faculty, with 131 completions (approximately 44% completion rate). Quantitative data were analysed using descriptive statistics, including frequency and percentage, as no testing of a hypothesis was involved. Textual data from comment boxes were condensed using a general inductive approach to summarise responses and establish links between findings and the aim of the research (O'Cathain & Thomas, 2004).

Qualitative reflexive thematic analysis method (Chapter 6)

A qualitative exploratory design using reflexive thematic analysis (Braun & Clarke, 2024) was applied to explore pathways to faculty practice and continued clinical connection among midwifery faculty in LMICs of the Asia Pacific region. A constructivist approach was employed to understand participants' experiences and acknowledge the researchers' influence on the data. Data were collected through individual semi-structured interviews (online). Data were inductively open-coded, generating both semantic and latent codes to develop themes addressing the study's aim.

Purposive sampling was employed through the inclusion of a follow-up contact permission question in the previously described survey (Chapter 5). Seventeen midwifery faculty from ten LMICs in the

Asia Pacific region were interviewed. Braun and Clarke's six-phase process of reflexive thematic analysis was employed, involving data familiarisation, initial code generation, theme development, theme review, theme definition and refinement, and report production (Braun & Clarke, 2024). Reflexive thematic analysis values researcher subjectivity and involves a critical approach to the researcher's role, including narrative autobiography development, memo making, and journaling (Birks et al., 2008).

Experts' focus group discussions and Utstein process methods (Chapter 7)

The method was based on the Utstein-style approach (Otto et al., 2021). The Utstein approach applies a modified nominal group technique to reach expert consensus. Criteria for consideration as an expert and therefore a participant included those researching or working in the field of midwifery faculty development, or those considered an expert in midwifery education in their country/region. An expert from each of the International Confederation of Midwives (ICM) six geographical regions was identified and invited to participate. ICM regions include Africa, the Americas, the Eastern Mediterranean, Europe, Southeast Asia, and the Western Pacific. Additional representation was sought through an invitation to member organisations of the Alliance for Improving Midwifery Education (AIME). Member organisations include ICM, UNFPA, UNICEF, WHO, Momentum USAID, Jhpiego, Liverpool School of Tropical Medicine, Burnet Institute and Laerdal Global Health (Bar-Zeev et al., 2024). This Utstein meeting was funded through a grant to the International Confederation of Midwives (ICM) by the Laerdal Foundation. The funding allowed for my attendance at the meeting but did not financially support other aspects of my program of research.

As per the Utstein-style approach (Otto et al., 2021; Petersen et al., 2024), two web-based pre-meetings were conducted, where current research in midwifery faculty development was presented and focus group discussions on what is needed to strengthen midwifery faculty took place. Twenty-three midwifery education and faculty development experts took part in the focus group discussions. Focus group discussions were recorded and transcribed. In addition, focus group facilitators also took notes and summarised these during the end-of-meeting feedback. Inductive content analysis was undertaken on the group discussions and summary data.

Lastly, 19 of the 23 invited participants gathered at the Utstein Kloster in Stavanger, Norway, in June 2024 for a two-and-a-half-day face-to-face meeting to reach a consensus on broad categories to inform midwifery faculty development standards. A dedicated note-taker was appointed to capture discussions at the face-to-face meeting and records of documented group activities were collected. Inductive content analysis was used to develop themes from the focus group discussions and summaries from the meeting records.

Table 2.1 Methods Justification

Chapter	Method	Justification
4 Scoping Review	Joanna Briggs Institute (JBI) Methodology for Scoping Reviews	The use of the JBI methodology and PRISMA-ScR standards was appropriate for the scoping review, given its aim to explore the breadth of literature on faculty development in midwifery and nursing. The JBI frameworks provide a structured and transparent approach to review design, conduct, and reporting.
5 Learning Needs Assessment	Learning Needs Assessment Survey	Surveys are an efficient method for collecting data from geographically dispersed participants. The survey method was practical, context-sensitive, and well-suited to the exploratory nature of determining faculty needs and priorities for development.
6 Interviews	Quantitative Exploratory	This approach was used to gain in-depth understanding of the topic (midwifery faculty development). The method is useful for exploring complex, context-dependent issues, such as experiences, perceptions, motivations, or needs.
7 Expert Consensus informing Standards Development	Modified Nominal Group Technique	NGT is a qualitative, structured group process that facilitates idea generation, discussion, and prioritisation among experts. It is especially valuable in contexts where diverse perspectives must be considered and where the goal is to reach agreement on complex or context-specific issues

Theoretical and methodological underpinnings summary

Constructivism, as a research paradigm, emphasises that knowledge is actively constructed through experiences and interactions, rather than passively received. Constructivism highlights the dynamic and socially informed nature of knowledge creation. A constructivist approach acknowledges the diversity of midwifery education contexts, promoting flexible and context-sensitive faculty development frameworks. Faculty are viewed as active participants in shaping their professional growth, rather than passive recipients of training. Constructivism influences research methodology by valuing subjective, co-constructed knowledge and prioritising participatory methods. Engaging

midwifery faculty as collaborators ensures that the resulting framework reflects their lived realities, making it practical and meaningful.

The paradigm of constructivism has informed the co-construction and development of an evidence-informed framework through the conduct of research using a mixed-methods approach. Incorporating aspects of pragmatism has supported the conduct of a series of mutual research designs that work together to provide practical solutions to the identified issues in the provision of and access to needs-based midwifery faculty development.

Conclusion

This chapter has laid the foundational context for the studies presented in this thesis by compilation. Whilst a thesis by compilation may not always include a dedicated theoretical framework, this chapter has highlighted the key philosophical and methodological orientations that underpin the research. Despite the mixing of methods used in individual studies, studies are unified by a shared commitment to advancing an evidence-informed framework for midwifery faculty development.

By critically reflecting on my positionality and adopting a reflexive stance, I have acknowledged the influence of my personal and professional experiences on the research process. This honest and transparent approach has enhanced the credibility and depth of the inquiry. The theoretical and methodological perspectives of constructivism and pragmatism have been presented and explained in direct relation to my research.

Finally, the overarching methodological approach was outlined, including the epistemological foundations and my rationale for the chosen methods. Together, I hope these elements provide a coherent and thoughtful framework that supports my research aim and objectives, setting the stage for the empirical chapters that follow.

Summary and introduction to Chapter 3

This chapter explains and justifies my positionality as a beginning researcher in midwifery faculty development and reflects on what I bring to the research and how I have managed my influence on the research throughout my candidature and how I hope to continue to ‘fit’ and ‘sit’ in the social world my future research will occur in.

The chapter also provides an overview of, and justification for, theoretical and methodological underpinnings of my research program. In addition, description and explanation of the mix of methods applied to address my research aims and objectives has been provided.

The next chapter presents a broad review of the literature that initially informed and continuously supported my program of research. The broad literature review aims to define and discuss the concepts underpinning theories and practices informing faculty development in the health professions. A more focussed peer-reviewed and published scoping review follows the broad literature review chapter.

Chapter 3: Literature Review

Introduction

As part of the process of developing this program of research, a systematic scoping review on faculty development program content, modes of delivery and evaluation processes specific to nursing and midwifery professions has been peer-reviewed and published (Smith, Gray, et al., 2023) (Chapter 4). Parts of the scoping review will be reproduced in this broader review of the literature.

The following review of the literature more broadly informs the program of research and follows the literature review process described by Grant and Booth (2009) whereby comprehensive but not necessarily systematic searches produce a wide range of published materials, including research, opinion, and discussion papers for analysis and narrative synthesis. The broader literature review has been added to as studies are published or located across the period of my program of research.

Concept of faculty development in the health professions

Health professionals' faculty development is recognised as a complex concept due to several multi-faceted constructs that inform its development, delivery, and the context in which participants or recipients function (Behar-Horenstein et al., 2019; Keiller et al., 2022; Steinert, 2025b; Van Schalkwyk et al., 2024). Health professionals' faculty development occurs in constantly changing and complex environments. Both higher-education and healthcare institutions are recognised as complex organisations or systems (Hays et al., 2020; Jacobson et al., 2019; Plsek & Greenhalgh, 2001). Complexities include constantly evolving technologies that need integrating into practice, increasing production of evidence that needs to be applied in practice, a continuous process of organisational and structural changes that present the need for constant adaptation and evolution (Hays et al., 2020; Jacobson et al., 2019; Plsek & Greenhalgh, 2001). Faculty development is seen as an intervention to prepare or assist educators in adapting and evolving to meet changes and challenges (Ahmed et al., 2022; Fallis et al., 2022; O'Sullivan & Irby, 2011; Steinert, 2014b; Van Schalkwyk et al., 2024).

Initially commencing mid to late 1950's and gaining momentum in the 1970s, the concept and practice of health professionals' faculty development appeared in the medical professions' practice and literature (Hodgson & Wilkerson, 2014; McLean et al., 2008). The concept of faculty development in the health professions and other fields is evolving (Foster, 2018; Hitchcock et al., 1992; McLean et al., 2008; Van Schalkwyk et al., 2024). Traditionally, those deemed experts in clinical healthcare practice were expected to be able to teach and were transitioned to academic/faculty practice with little support (Gray et al., 2023; McLean et al., 2008; Miner Laurel,

2019; Steinert, 2025b). Early faculty development programs primarily focused on teaching skills or instructional effectiveness (Hodgson & Wilkerson, 2014; McLean et al., 2008; O'Sullivan & Irby, 2011; Steinert, 2014b, 2025b). Over time, faculty development programs and activities continue to include instructional effectiveness but also offer other topics deemed essential for high-quality academic/faculty practice including, but not limited to, teaching and learning approaches, curriculum design, assessment methodologies, leadership and management, and research and scholarship (Crosby, 2000; Fallis et al., 2022; Fettes et al., 2025; Steinert, 2014b, 2025b; World Health Organization, 2013b).

Health professionals' understanding of the core concepts of faculty development have been and continue to be informed primarily through medical education literature. This will be evident in the literature presented in this review. However, with the move from apprentice hospital-based training to tertiary education for both the nursing and midwifery professions, faculty development is now seen as integral across all health education professions and more recent evidence on faculty development includes activities for nursing and midwifery faculty (Smith, Gray, et al., 2023; UNFPA et al., 2021; World Health Organization, 2013b, 2020, 2021). Whilst there is limited evidence supporting and informing the development of nursing and midwifery faculty, as much of the evidence has evolved from the medical profession. However, regardless of profession, the broad concept of faculty development is unchanged. Steinert (2014b) states that the goal of faculty development is:

> *'To teach faculty members the skills relevant to their institutional and faculty position and to sustain their vitality, both now and in the future (p.4)'*

This broad goal allows for the support and development to relate to the role expectation of faculty and/or academic practice. In addition to teaching and learning development, other common academic activities such as research and scholarship, or leadership and management, should be included in development programs (Steinert, 2014b, 2025b). The need for the provision of content that is broader than a focus on teaching is a concept regularly presented in the literature regarding faculty development programs and will be discussed in more detail in the content section of this review.

McLean et. al. (2008) present and discuss evolving concepts of faculty development used to inform the development of guidance for faculty development in the medical profession. They purport earlier concepts of faculty development focused on the making of a 'good' teacher, but more recent concepts focus on the development of all the competencies expected of faculty. In their development of guidance, Maclean et. al. present the work of Harden and Crosby (2000) on the

multiple roles of the medical teacher (faculty). This work recognised the progression of faculty from content expert to academic practice and roles including facilitator, resource developer, role model, information provider and curriculum planner and assessor. If these are the expected roles of faculty, then faculty development programs must work to develop all the roles and expectations of faculty practice.

Definitions of faculty development

The literature on faculty development provides multiple and diverse definitions that differ according to the context of practice, culture and language (Cilliers & Tekian, 2016; Feeny et al., 2023; Steinert, 2014b, 2025b). Steinert (2014) provides examples of faculty development terms (translated) from other European languages where the commonality in the definition is of professionalisation of teaching and teachers or faculty. In 2014 and again in 2025, Steinert edited a textbook *Faculty Development in the Health Professions: A Focus on Research and Practice* (Steinert, 2014a, 2025a) and in the book, she defines faculty development as:

> *'…all activities health professionals pursue to improve their knowledge, skills, and behaviours as teachers and educators, leaders and managers, and researchers and scholars, in both individual and group settings.' (p.4)*

This definition focuses on the role of academic institutions' faculty and fails to explicitly recognise the role in clinical education and practice that health professions faculty undertake. Historically, faculty have been considered experts in their professions such as medicine, nursing, or midwifery, before becoming faculty in education institutes. Once a member of faculty, they are expected to be experts in many roles but are often not formally prepared for these roles. An expert clinician does not necessarily make an expert teacher, researcher, or leader, yet these multiple roles are often an expectation of faculty members (Fleming, 2023; Kohan et al., 2023).

McLean et.al (2008) present a definition that they claim captures the increasing role and responsibilities of health professionals' faculty. The definition is attributed to Sheets and Schwenk (1990) and is, that faculty development includes:

> *'Any planned activity to improve an individual's knowledge and skills in areas considered essential to the performance of a faculty member in a department or residency program (e.g. teaching skills, administrative skills, research skills, clinical skills).' (p.555)*

This definition of faculty development captures multiple roles expected of many faculty and is broader than those that focus on the development of teaching ability. There is widespread recognition of the increasing expectations and roles of faculty, including but not limited to teacher,

mentor, clinician, leader, researcher and educational designer (Behar-Horenstein et al., 2019; Fallis et al., 2022; Kitto, 2022; McLean et al., 2008).

Many recognise that the term faculty development belongs within a group of terms that are used interchangeably, and this creates confusion and makes the synthesis of evidence challenging (Van Schalkwyk et al., 2024). Other terminology used to describe or define faculty development includes staff development, teacher development, academic development, professional development and continuing professional development (CPD) or continuing professional education (CME). However, interchanging faculty development and CPD/CME is contentious (Behar-Horenstein et al., 2019; Kitto, 2022; McLean et al., 2008; Steinert, 2014a, 2025a). Many have discussed and attempted to explain the difference between faculty development and CPD, but no clear agreement is evident (Kitto, 2022; McLean et al., 2008; O'Sullivan & Irby, 2011; Steinert, 2011, 2014b) . Kitto (2022) states that much effort has been focused on defining or redefining both faculty development and CPD with an attempt to create an accepted language and approach. Steinert (2014b) agrees and provides differentiation between the two when she states (p.5):

> *"…faculty development refers to the enhancement and reinforcement of faculty roles, which include education, leadership, and research. Whereas continuing professional development or (CME) refers to the maintenance and improvement of health professionals' clinical expertise."*

Therefore, faculty development develops faculty practice, whereas continuing professional development maintains health profession requirements. However, faculty development is seen as a form of continuing professional development for those whose professional role involves learning, teaching, scholarly and other academic activities.

Definitions of faculty development are dependent on the context of practice, geographical regions, and the different definitions or understandings of what is meant by, or who is faculty. A limited definition of faculty often refers to 'academic' faculty and is limited to those who teach in academic institutions and disregards 'clinical' faculty or disregards part of the role of faculty who have both higher-education and clinical teaching roles (Steinert, 2014b). A broader definition of faculty in the health professions includes those whose role includes teaching in educational institutions, clinical institutions, or both. In nursing and midwifery education, there is an expected competence for those in 'academic' teaching to remain connected and competent in clinical practice and teaching (Bogren et al., 2020; Davis & O'Connell, 2023; International Confederation of Midwives (ICM), 2021, 2025a; McLean et al., 2008; Petersen et al., 2024; Sollid et al., 2019; Steinert, 2012, 2014b; World Health Organization, 2013a, 2016). To add further confusion to definitions and discussions, continued

engagement in clinical practice by an academic faculty member is often referred to as 'faculty practice' in terms of a faculty member continuing to engage in clinical practice (Ament, 2004; Saxe et al., 2004).

Faculty practice (faculty clinical practice) occurs through a variety of expected and supported methods, and through informal arrangements whereby faculty negotiate access to maintain clinical competence rather than to work as clinical faculty. Formal methods of faculty practice include linkage models where the school or education institution has a formal arrangement that allows and supports access to faculty so that they may undertake the roles expected of clinical faculty. Another common faculty practice model is the joint appointment, where faculty hold appointments jointly with academic and clinical institutions and share time between both. Informal models of faculty practice include 'moonlighting' or personal practice, where the faculty member works out of hours or in addition to their employed role (National Organization of Nurse Practitioner Faculties, 2016; Saxe et al., 2004). The broad faculty practice literature identifies multiple challenges with the maintenance of clinical practice, and these difficulties will be discussed in further detail later in this review.

Programs of faculty development

Any activity that supports or contributes to the development of the faculty member's role could be considered as faculty development; however, most of the literature reports on, describes or evaluates specific programs of development. These programs may range from single-day seminars or workshops to the provision of a longitudinal series of events over weeks, months and even years. Steinert (2014b) asserts that faculty development moves along two dimensions, from independent to group learning, and from informal to formal approaches. These dimensions include individual learning from experience and reflection, and learning from working together in groups through peer support and mentoring. Regardless of whether individual or group learning, all development should be informed by faculty needs and be outcomes-based (Fernandez & Audétat, 2019).

A wide variety of strategies and/or activities are used to deliver or facilitate faculty development aimed at enhancing teaching effectiveness, supporting scholarly activities, or building educator capacity, and these include but are not limited to the following:

- Self-directed activities such as reading, reflecting, reviewing exemplary practice or acting on feedback
- Observing experienced and exemplary teachers/educators in action
- Reviewing personal teaching by recording and reflecting on actions, or receiving feedback from peers

- Participation in brief but focused learning opportunities such as workplace *Lunch and Learn* sessions or *Journal Clubs*
- Active participation in workshops and seminars
- Undertaking formal courses/programs/studies in teaching and learning methodologies, assessment practices and/or curriculum development
- Being involved in mentoring programs to support teaching and/or leadership development
- Involvement in communities of practice and/or collaborative support groups

(Bhatnagar et al., 2010; Erlandsson et al., 2018; Steinert, 2025b; West et al., 2016)

Faculty development should be systematic, be based on needs, begin with careful planning, then implementation of the activity or program, and followed up with rigorous evaluation of intended outcomes (Ahmed et al., 2022; Fernandez & Audétat, 2019; McLean et al., 2008; Steinert, 2014b). Unfortunately, this is not often the reality (Fallis et al., 2022). In high-income settings, the educational institution is likely to provide opportunities for the development of faculty, but in low-resource settings this is often not the situation (Abid, 2013; Hill et al., 2021; Sommers & Rio, 2020; West et al., 2016).

The reality in low-resource settings is a heavy reliance on partnerships with high-income countries. Just over three-quarters (12/17) of the studies included in our scoping review on faculty development programs in nursing and midwifery were international partnerships between high and low-income countries (Smith, Gray, et al., 2023). Successful international partnerships in faculty development require mutual goal-setting, continuous communication and relationship building, and cultural bridging (Allen, 2014; Friedman et al., 2014). Commonly reported challenges with the delivery of faculty development by international partners include an overreliance on external experts, which then prevents the development of local experts and increases the risk of persistent dependency in development programs (Burdick, 2014).

Reliance on external partnerships also contributes to an ad-hoc approach to the delivery of programs, as often the nature of international assistance in the delivery of education programs is a focus on short-term outcomes as opposed to sustainable changes (Friedman et al., 2014; Riddell & Niño-Zarazúa, 2016). Individual institutional and country needs are often not considered, and pre-existing programs are applied in contexts they were not designed or developed for (Evans et al., 2013; Koto-Shimada et al., 2016; Ndayisenga et al., 2020).

Whilst there is recognition that a wide variety of strategies can be utilised to deliver faculty development programs, these must take into consideration the specific needs of the country, the

profession, the institution, the teacher and the learner (Bhatnagar et al., 2010; Steinert et al., 2016; World Health Organization, 2013c).

Theoretical frameworks for faculty development programs

In addition to ensuring programs of faculty development meet the needs of participants, institutions, and the country context, it is recommended that programs are based on validated and recognised theoretical frameworks (Fallis et al., 2022). However, few faculty development programs describe models/theories of learning or pre-existing frameworks used in the development or conduct of programs. Fallis et al. (2022) examined frameworks used to guide programs and found that more than half of the studies examined, developed a novel framework based on professional competencies, and only one of the studies described the application of a recognised learning theory as a framework to guide the development of the program. Both professions of nursing and midwifery have educator (faculty included) core competencies, and as such, these could be used to provide a framework for the development of programs, however, these would be novel frameworks and would fail to provide a theoretical underpinning or the application of an established learning theory.

As part of a review on the direction for, and strengthening of, faculty development in the health professions, Steinert (2012) provides several recommendations, including a specific recommendation to ground faculty development programs in a theoretical framework. The discussion identifies many learning theories and frameworks that could apply to faculty development programs, including situated learning (Lave & Wenger, 1990), constructivism (Braiu, 2018), social learning (Bandura, 1977) and experiential learning theory (Kolb, 1984), with Steinert stating a preference for Situated Learning Theory (SLT) (Steinert, 2012).

Evaluation of faculty development programs

Despite several potential learning theories that could be applied to faculty development programs, very few programs identify an underpinning theory or framework. This lack of a theoretical and guiding framework contributes to the challenges in the rigorous evaluation of programs. When programs fail to provide underpinning theory, clear definitions, clear outcomes and/or guiding principles, it is then difficult to measure success beyond participant satisfaction or self-reported confidence measures.

A common theme in the faculty development literature is the lack of robust evaluation of programs and program outcomes (Chen et al., 2021; Fernandez & Audétat, 2019; Steinert, 2014b). This may be due to the lack of underpinning theory or frameworks applied in the development and delivery of programs, but also the complex nature of interventions in education and the context of what it

means to be a member of the health professionals' faculty. Fernandez and Audetat (2019) present two major complexities in faculty development, one being the ever-changing nature of higher education as it evolves to meet new reforms and innovations in learning and teaching practice. A further complexity are the limitations imposed by models of evaluation that are unable to consider the many factors that impact on program outcomes. Factors that impact on program outcomes include individual outcomes, institutional expectations, and the cultural and contextual aspects of the place where programs are delivered (Fernandez & Audétat, 2019).

The most common method of evaluation reported in faculty development programs is qualitative analysis through interviews, focus groups and/or content analysis of text-based responses in questionnaires/surveys. Many studies use a post-participation evaluation and focus on determining satisfaction with the program and self-reported increase in knowledge and confidence in academic duties (Best et al., 2022; Erlandsson et al., 2017; Fleming et al., 2017; Goodman et al., 2018; Koto-Shimada et al., 2016; Lewis et al., 2016; Ndayisenga et al., 2020; van Wyk et al., 2020). Recommendations to increase the robustness of evaluation of faculty development programs include utilising validated evaluation frameworks, including longitudinal evaluation in addition to end-point evaluation, and using a mixed-method approach to evaluation (Chen et al., 2021).

Faculty development in nursing and midwifery

When examining and discussing the literature on faculty development programs for health professionals, it is essential to consider the historical and structural relationships between different disciplines. Nursing and midwifery, while distinct professions with unique scopes of practice, have often been closely linked in both clinical and educational contexts (World Health Organization, 2021). Historically, and in some contexts currently, the profession of midwifery has been subsumed into the nursing profession, both clinically and in education (UNFPA et al., 2021). As such, this literature review includes nursing faculty development programs, as these were/are often combined for both professions. This overlap reflects the historical and current shared educational pathways and regulatory frameworks still in play in many regions.

High-level evidence supports nurses and midwives as key to the provision of Universal Health Care and to improving health outcomes for all (World Health Organization, 2021). Equally critical in improving health outcomes is ensuring that those who educate nurses and midwives are prepared and supported to provide high-quality education (World Health Organization, 2013b). The development and strengthening of those who teach is an important strategy to improve the quality of care provided by maternity health professionals and, in turn, to reduce maternal and newborn mortality (Renfrew et al., 2014; ten Hoope-Bender et al., 2014; West et al., 2016). Quality nursing

education produces graduates who have the required skills, knowledge, and attributes to meet the health needs of the population they provide care for (Coster et al., 2018; World Health Organization, 2020). The ability to produce quality nurse and midwife graduates is directly influenced by the number of quality faculty, who are educated and supported to meet the education program's mission and outcomes (UNFPA et al., 2021; World Health Organization, 2020).

As with competency-based professions such as nursing and midwifery, programs of education or development should be outcomes-based utilising professional competencies (Muirhead et al., 2021; Snell, 2014). Professional nursing and midwifery educator competencies or standards are available and accepted (World Health Organization, 2013a, 2016). Both sets of competencies are similar, so when summarised and combined, nurse and/or midwifery educators should demonstrate competence in the following areas: professional practice; theory of learning; ethical and legal principles; leadership and management; assessment and evaluation; research; communication and collaboration; and curriculum development and implementation. Therefore, it would be considered good practice to ensure content of programs aimed at faculty development is based on professional competency standards.

Common content included in nursing and midwifery faculty development programs mostly aligns with professional competencies described above, and other literature supporting faculty development program content for health professions more broadly. A recommended key feature of faculty development programs for health professionals is the provision of relevant content that applies to educational and clinical responsibilities (Steinert et al., 2016). In previous work, Steinert (2014b) listed common content areas in health professionals' faculty development, and these include teaching and learning methodologies, leadership and management, curricular development, and academic scholarship. However, it is common to find a predominant focus on approaches to teaching and learning. This is not unexpected as teaching and learning are central to the role of nursing and midwifery faculty. However, there is recognition of the need to broaden the focus of development programs to include equal focus on leadership, scholarship, and academic career development (Ahmed et al., 2022; Behar-Horenstein et al., 2019; Goodman et al., 2018; Hitchcock et al., 1992; Steinert, 2012).

As indicated, the most common content or topic identified in nursing and midwifery faculty development literature is contemporary approaches/methodologies for teaching and learning also referred to as teaching and learning, or previously as teaching skills (Best et al., 2022; Bogren et al., 2017; Chapman et al., 2013; Erlandsson et al., 2017; Evans et al., 2013; Goodman et al., 2018; Koto-Shimada et al., 2016; Lewis et al., 2016; Ndayisenga et al., 2020; Rumsey et al., 2013; van Wyk et al.,

2020). Teaching and learning approaches include activities such as group facilitation skills and collaborative learning; promotion of active learning approaches; integration of technology in teaching and learning; and assessment design (Booth et al., 2016; National League for Nursing, 2020; Steinert, 2014b; World Health Organization, 2013a). Given that teaching and learning are core activities expected of a nurse or midwife academic, it is not surprising that most faculty development programs include this as core content. A further core faculty activity is curriculum design, yet curriculum design is not regularly and explicitly identified as essential content in nursing and midwifery faculty development programs. It may be that curriculum design activities are incorporated into learning and teaching content, or it may be that curriculum design activities and development need strengthening in nursing and midwifery faculty development programs.

Other content identified separately but often included under the broad teaching and learning methodologies is that of student-centred learning (Snell, 2014). When student-centred learning content is included in programs of faculty development, a shift from didactic approaches to teaching to a more student-centred and active learning approach has been noted (Bilal et al., 2019; Steinert et al., 2016; Stes et al., 2010). However, resistance to the introduction of student-centred approaches has been noted where faculty have had limited exposure to these non-traditional approaches to teaching and learning (Bogren et al., 2020; Lewis et al., 2016). Student-centred learning environment was seen as a foundation of both faculty development programs and in the application of teaching and learning approaches by faculty after participation in programs (Erlandsson et al., 2019; Koto-Shimada et al., 2016; Ndayisenga et al., 2020).

Given earlier calls for broadening the teaching and learning focus of many faculty development program content, it was reassuring to find both leadership and management, and research scholarship as common topics in the programs described in the scoping review studies (Smith, Gray, et al., 2023). With an increasing expectation for faculty to be active in research and publications (Niles et al., 2020) faculty must have the opportunity to develop understanding and practice in research and scholarly publishing. A systematic review of interventions to increase publication rates among faculty members, McGrail et al. (2006) identified key interventions, including writing courses and peer support for faculty research activities. Several studies describe the provision of a development program that includes support in research skills, writing, and publishing (Erlandsson et al., 2017; Evans et al., 2013; van Wyk et al., 2020). However, a needs assessment undertaken with faculty across the Pacific region identified a lack of opportunity in the development of scholarly activities, including research, writing and production of publications (Rumsey et al., 2013). Therefore, more support is needed in this area of faculty development.

High-level reports in both nursing and midwifery call for investment in, and a focus on, the development of leadership skills (UNFPA et al., 2021; WHO et al., 2019; World Health Organization, 2020, 2021, 2025). It is reassuring to find the topic of leadership included in some midwifery and nursing faculty development programs (Bogren et al., 2017; Erlandsson et al., 2017; Evans et al., 2013; Goodman et al., 2018; Rumsey et al., 2013; van Wyk et al., 2020; WHO et al., 2019). Ensuring the development of leadership in the nursing and midwifery professions ensures nurses and midwives can have influential roles in education, policy and practice (UNFPA et al., 2021; World Health Organization, 2020). Leadership development is also recognised as not only being a critical factor in education innovation but also in the development of strong healthcare professions (Swanwick & McKimm, 2014).

Faculty roles and career pathways in nursing and midwifery

High-quality pre-service education, including well-trained and supported teaching faculty, contributes to improved health outcomes (Johnson et al., 2013; Nove et al., 2020; Nove et al., 2018). However, challenges in the preparation and the continued development of nursing and midwifery faculty have been identified, including a lack of pathways from clinical to academic practice (Trusson et al., 2019); lack of investment in education and educators (UNFPA et al., 2021; World Health Organization, 2020); lack of recognised career pathways or recognition upon completion (van Wyk et al., 2020) ; and a lack of provision of, and/or access to, faculty development (Behar-Horenstein et al., 2019). These challenges are more evident in low-resource settings. In addition, in both high- and low-resource settings, there is a lack of support for faculty to maintain competence in professional practice, even though this is an expectation of both nursing and midwifery educator competency standards (WHO et al., 2019; World Health Organization, 2013a, 2016).

For health professional faculty, competence in clinical practice is often referred to as ‘faculty practice’ (Ament, 2004; Saxe et al., 2004). As previously discussed, faculty practice can occur through a variety of expected and supported methods, and through informal arrangements whereby faculty negotiate access to maintain clinical competence rather than to work as clinical faculty as a recognised part of their faculty role (Fowler et al., 2017; National Organization of Nurse Practitioner Faculties, 2016). Although faculty practice is recommended and is included in educator competency standards, it is not always evident or recognised as part of the role of faculty and is therefore difficult to maintain (Ament, 2004; Fowler et al., 2017; National Organization of Nurse Practitioner Faculties, 2016; Saxe et al., 2004).

Health professional faculty struggle with role identity and the conflicting expectations of the multiple roles they are expected to fulfil (O'Sullivan & Irby, 2021; van Lankveld et al., 2021). Faculty

in many countries report difficulties in maintaining clinical competence and education duties alongside the expectations of faculty duties (Aquadro & Bailey, 2014; Barrett, 2007; Fowler et al., 2017). Challenges include teaching workload, access to clinical environment, length away from clinical practice, and lack of support from educational institutions to release faculty for clinical practice (Barrett, 2007; Fowler et al., 2017; Kehoe et al., 2022; Miner Laurel, 2019; West et al., 2016). Much of the literature explaining, informing, and supporting faculty practice is from high-income countries and may not be representative of the practice and challenges in LMICs. However, personal communications with faculty across the Asia and Pacific region identify common challenges of a lack of support for faculty practice and competing workload demands.

In addition to a lack of support for continued clinical practice, there is a dearth of nursing and midwifery-specific literature on the pathways to academic practice in LMICs. Available literature reports on specific pathways through programs and/or qualifications offered to develop existing faculty (Erlandsson et al., 2017; Goodman et al., 2018; van Wyk et al., 2020), as opposed to discussions on potential pathways in place to encourage clinicians to consider and prepare for a career as faculty. In high-resource settings, and in particular in the United Kingdom, where a policy direction supports the development of clinical academics in nursing and midwifery, pathways and support for the development of faculty who maintain a clinical role are evident (Folliard, 2022; Henshall et al., 2021; Kehoe et al., 2022; Olive et al., 2022; Strickland, 2017; Trusson et al., 2019; Westwood et al., 2018). In the United States of America, similar pathways and support exist for the development of practitioners as faculty (Aquadro & Bailey, 2014; National Organization of Nurse Practitioner Faculties, 2016). In Australia, some sporadic programs are offered through joint appointments, but this is generally at the professorial or leadership level and not as a faculty career pathway (Darbyshire, 2010).

Traditionally, pathways to faculty appointments in health professions, including nursing and midwifery, involved a progression from clinical expert to teaching (Booth et al., 2016; Gray et al., 2023). Unfortunately, little preparation or support was offered to those who transitioned from clinical to faculty in an educational institution, and there was rarely any initial pedagogical or scholarly development before commencing in the role. Furthermore, there is widespread recognition that an expert clinician does not necessarily make an expert or any level teacher, let alone a leader, researcher, and/or educational designer (Abid, 2013; Behar-Horenstein et al., 2019; McLean et al., 2008; Muirhead et al., 2021)

Conclusion

Faculty development in health professions has evolved significantly and is recognised as a complex concept that is influenced by multifaceted constructs that shape its design, development and delivery. Initially focused on teaching skills, faculty development now encompasses a broader range of expected faculty competencies, including leadership, management, and research. Definitions of faculty development vary across different contexts, cultures, and languages, but common themes include the professionalisation of teaching and the enhancement of faculty roles.

The structure and content of faculty development programs vary considerably, but all development opportunities should be context-specific, needs-based, and outcomes-focused to support actual changes in faculty practice. Changes in faculty practice following engagement in faculty development are more likely when program design, delivery and evaluation processes are grounded in validated theoretical frameworks, employ robust evaluation methods, and are tailored to the specific needs of the country, the institution, and faculty participants.

As with any review of evidence or literature, it needs to be noted that not all information regarding faculty development has been published or is available in the public domain. Therefore, there may be programs of development offered at the local level that have not been able to be included in this and other reviews. However, through work within the region in faculty practice and faculty development, it is regularly communicated that there is a lack of access to and offering of programs of development for midwifery faculty. This lack of access and availability of faculty development provides further justification for a program of research that focuses on strengthening midwifery education. Strengthening midwifery education and practice contributes to improving outcomes for women and families in all resource settings.

Summary and introduction to Chapter 4

This chapter has presented a broad review of the health professionals' faculty development literature. Descriptions and definitions on concepts related to health professionals' faculty development provide clarity for an in-depth review of faculty development in midwifery and nursing.

The next chapter provides a more focused scoping review that addresses the research objective to identify common content, delivery modes and evaluation processes of faculty development programs in midwifery and nursing. In addition, the scoping review contributes to addressing the research objective to explore demand for, access to, and provision of faculty development programs.

Chapter 4: Common content, delivery modes and outcome measures for faculty development programs in nursing and midwifery: a scoping review

Introduction

Globally, there are calls for a focus on midwifery faculty development to strengthen midwifery education and increase the provision of high-quality midwifery care. However, there is a lack of information on what is meant by a focus on faculty, and what aspects of development are needed for midwifery faculty. Whilst there is some consensus on the need for faculty development more broadly in the health professions, there is little research or evidence on what development is needed, how programs of development should be delivered and whether the development improves faculty practice and student experience.

Traditionally, faculty development has focused on supporting the development of learning and teaching methods, as faculty are usually expert clinicians who are transitioning into an academic role. Whilst this transition to academia remains, the role expectation of contemporary health professionals' faculty is broader than teaching and learning and includes other aspects of faculty roles such as research, scholarship, leadership and management. However, many programs of faculty development continue to focus on developing learning and teaching aspects of the role.

To identify the current situation regarding midwifery faculty development programs, I undertook a scoping review to determine current content, delivery modes and evaluation processes. Historically, and in some contexts currently, the profession of midwifery has been subsumed into the nursing profession, both clinically and in education. As such, the scoping review also included nursing faculty development programs, as these were/are often combined for both professions. This chapter addresses the research program objective of exploring the content, modes of delivery and evaluation processes for faculty development programs in nursing and midwifery, with a primary focus on midwifery. This chapter replicates the following peer-reviewed publication:

Publication details

Smith, R. M., Gray, J. E., & Homer, C. S. E. (2023). Common content, delivery modes and outcome measures for faculty development programs in nursing and midwifery: A scoping review. *Nurse Education in Practice*, 103648. https://doi.org/10.1016/j.nepr.2023.103648

Abstract

Background

Globally, there is a call for urgent investment in nursing and midwifery education as high-quality education leads to quality care provision. This call for investment includes a 'focus on faculty', that is, development of those who teach. However, challenges in the preparation and development of faculty have been identified, and include lack of recognition of ongoing development, limited pathways for career progression, inadequate provision of, or access to, faculty development opportunities, and a lack of research evaluating sustained impact of programs.

Objectives

The aim of this review was to identify, synthesise, and report on common program content, modes of delivery and evaluation processes of faculty development programs in nursing and/or midwifery.

Methods

A scoping review was conducted following Joanna Briggs Institute guidance. A comprehensive search strategy was developed and conducted in six health and/or education focussed databases. Peer-reviewed articles, published in English in the last decade, and with a primary focus on nursing and/or midwifery faculty were included in the review. References lists of included studies were searched and a search to identify relevant grey literature was conducted. Using systematic review software, titles and abstracts were reviewed by two reviewers with a third reviewer used to resolve discrepancies. Data were extracted and recorded, key characteristics were mapped, and content analysis used to synthesise, analyse and report findings.

Results

Seventeen articles were included in the review and identified common content provided in nursing and midwifery faculty development programs. The predominant content was approaches for learning and teaching. Other common content was leadership, research, and assessment practices. Modes for program delivery were most often a blend of online and face-to-face. Program evaluation was reliant on participants' self-reported measures of satisfaction and confidence and did not examine impact over time.

Conclusions and recommendations

Commonalities in program content primarily focused on learning and teaching, but also included content linked to expected professional nursing and midwifery educator competencies such as leadership and research. However, a lack of content on the key faculty activity of curriculum design was noted and should be addressed in future program development. In addition, there was a lack of

evaluation on the impact of different modes of delivery. Furthermore, an over-reliance on self-reported evaluation measures and a lack of longitudinal evaluation of impact on education practice and on student experience and outcomes. Future research should include evaluation of modes of delivery and impact on faculty practice over a sustained period.

Keywords:

Faculty Development; Staff Development; Nursing; Midwifery; Academic Development

Introduction

Quality health care provision relies on having quality teachers who deliver a high standard of education. Development of faculty, or teachers, is essential to providing high quality education (Behar-Horenstein et al., 2019). Faculty development describes a range of learning and teaching quality improvement activities that educational institutions provide to support ongoing education and development of academic staff and systems (Bhatnagar et al., 2010). Faculty development in the health professions is also referred to as staff development or academic development and encompasses all activities health professionals undertake to improve skills, knowledge and behaviours as teachers and educators. Faculty development activities may be undertaken individually or as part of a team (Steinert, 2014b; Steinert et al., 2016). Faculty development involves both formal and informal strategies and practices aimed at improving professional education practices. Activities include formal and self-directed programs of study; peer coaching or mentoring; work-based observation; communities of practice; online learning; and the more traditional workshop sessions (Steinert et al., 2016). A program to develop faculty is critical in improving teaching quality and enhancing teaching effectiveness and the quality of education programs (Bhatnagar et al., 2010; Steinert et al., 2016; WHO et al., 2019).

High level evidence supports nurses and midwives as key to the provision of Universal Health Care and to improving health outcomes for all (World Health Organization, 2021). Equally critical in improving health outcomes is ensuring those who educate nurses and midwives are prepared and supported to provide high-quality education (World Health Organization, 2013b). The development and strengthening of those who teach is an important strategy to improve the quality of care provided by maternity health professionals and in turn, to reduce maternal and newborn mortality (Renfrew et al., 2014; ten Hoope-Bender et al., 2014; West et al., 2016). Quality nursing education produces graduates who have the required skills, knowledge, and attributes to meet the health needs of the population they provide care for (Coster et al., 2018; World Health Organization, 2020). The ability to produce quality nurse and midwife graduates is directly influenced by the number of

quality faculty, who are educated and supported to meet education program mission and outcomes (UNFPA et al., 2021; World Health Organization, 2020).

Globally, it is recognised that development of the faculty who educate midwives and nurses is urgently needed. The World Health Organization's (WHO) Strengthening Midwifery Education Action Plan (WHO et al., 2019), and the Global Strategic Directions for Nursing and Midwifery 2021-2025 (World Health Organization, 2021) both prioritise developing faculty to ensure the delivery of high-quality nursing and midwifery programs. In addition to these global reports, both the State of the World's Midwifery and Nursing reports (UNFPA et al., 2021; World Health Organization, 2020) call for urgent and massive investment in education, including developing or building capacity of faculty to design, deliver and evaluate programs of study. The State of the World's Nursing Report identifies recruitment and retention of qualified faculty as one of the major challenges in providing high-quality education (World Health Organization, 2020). These repetitive and sustained calls for a focus on faculty provide high-level support for the provision of faculty development in both nursing and midwifery professions. Whilst needed across the board, particular emphasis is required in LMICs as there are large discrepancies in the standard of health care provision and health outcomes when compared with high-income countries (Hill et al., 2021). Lack of education opportunities for health professionals and faculty has been identified as a contributing factor to poorer health outcomes (Hill et al., 2021; Lassi et al., 2016; Sommers & Rio, 2020; West et al., 2016).

High-quality pre-service education, including well-trained and supported teaching faculty, contributes to improved health outcomes (Johnson et al., 2013). However, challenges in the preparation and the continued development of nursing and midwifery faculty have been identified, including a lack of pathways from clinical to academic practice (Trusson et al., 2019); lack of investment in education and educators (UNFPA et al., 2021; World Health Organization, 2020); lack of recognised career pathways or recognition upon completion (van Wyk et al., 2020) ; and a lack of provision of, and/or access to, faculty development (Behar-Horenstein et al., 2019). These challenges are more evident in low-resource settings. Despite challenges, faculty development programs for nurses and midwives are offered; however, for faculty in LMIC, availability is often reliant on partnerships with high-income countries (Spies et al., 2017). Reliance on external partnerships to design and deliver programs of faculty development may mean that the program content is not what is needed, and the education and health contexts not understood or addressed (Friedman et al., 2014).

Whilst there is some consensus on broader health professionals' faculty development program content and examples of different modes of delivery, there is less evidence on programs specific to

nursing and/or midwifery. Given the call for a focus on nursing and midwifery faculty development, evidence specific to these vital health professions will ensure programs meet the needs of the professions and the context of educational and clinical practice. There is also limited evidence on methods for evaluating faculty development programs with an over-reliance on satisfaction and confidence measures as opposed to impact on faculty practice or student learning. Moreover, there is recognition that faculty development program evaluation is complex, and further rigor needs to be applied to evaluation methodologies (Fernandez and Audétat, 2019; Spencer, 2014; Steinert et al., 2016).

This scoping review aimed to identify, synthesise, and report on literature regarding common program content, different modes of delivery and evaluation processes used in faculty development programs in nursing and/or midwifery professions. The review question was "what constitutes common content, delivery modes and outcome measures for faculty development programs offered in nursing and/or midwifery?" Specific objectives included:

To identify content common to faculty development programs and activities in nursing and/or midwifery professions

To determine different modes of delivery for faculty development programs/activities offered in nursing and/or midwifery professions

To identify and describe processes used to evaluate the outcomes of nursing and/or midwifery faculty development programs/activities

Methods

The scoping review was conducted per the Joanna Briggs Institute (JBI) Methodology for Scoping Reviews and presented using the Preferred Reporting Items for Systematic Reviews (Peters et al., 2020) and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) standards (Tricco et al., 2018). A review protocol was developed prior to the review but not published.

Search strategy

As per the JBI Manual for Evidence Synthesis (Peters et al., 2020) a preliminary search for existing scoping and systematic reviews was conducted using the keywords – Faculty Development, Midwifery, Nursing, Systematic Review, Scoping Review. The search identified four studies (Archana et al., 2022; Fallis et al., 2022; Grant et al., 2022; Lewis & Steinert, 2020), one focussed on developing research capacity, another on how culture is understood in faculty development, the third on frameworks to guide faculty development in health professions, and the fourth is a planned systematic review that focusses on faculty development for improving teaching effectiveness in the

health professions. None of the initial results focus on content or evaluation methods of faculty development programs in nursing and/or midwifery professions.

Following this preliminary search, a three-step approach to developing a comprehensive search strategy was undertaken (Peters et al., 2020). Firstly, an initial limited search of two databases CINAHL (multidisciplinary health scope) and ERIC (education research scope) was undertaken to identify key terms and words in result titles and abstracts. These initial search strategy results were reviewed by co-researchers and a librarian specialising in supporting the development of comprehensive literature search strategies (Pollock et al., 2021) and key terms were agreed. Using the agreed key terms, six databases were searched: CINAHL; ERIC; Ovid MEDLINE Full text; Web of Science; Academic Search Complete EBSCO; and Health Source: Nursing/Academic Edition EBSCO. Hand searching of selected articles reference lists occurred, and Google Scholar was used to search for grey literature. The search strategy is presented in Table 4.1. The full search was undertaken in December 2022.

Table 4.1: Search strategy

Database	Search	Total
CINAHL	"faculty development" OR "teacher development" OR "academic development" OR "staff development" OR "professional development" OR "higher education lecturer" AND nurs* AND midwi*	1137
ERIC	"faculty development" OR "teacher development" OR "academic development" OR "staff development" OR "professional development" OR "higher education lecturer" AND nurs* AND midwi*	4
Academic Search Complete	"faculty development" OR "teacher development" OR "academic development" OR "staff development" OR "professional development" OR "higher education lecturer" AND nurs* AND midwi*	601
MEDLINE Full text	"faculty development" OR "teacher development" OR "academic development" OR "staff development" OR "professional development" OR "higher education lecturer" AND nurs* AND midwi*	674
Health Source Nursing Academic	"faculty development" OR "teacher development" OR "academic development" OR "staff development" OR "professional development" OR "higher education lecturer" AND nurs* AND midwi*	312

Database	Search	Total
Web of Science	"faculty development" OR "teacher development" OR "academic development" OR "staff development" OR "professional development" OR "higher education lecturer" AND nurs* AND midwi*	1701
	Total	4429
	Duplicates Removed (Endnote then Covidence)	2697
	Total screened through Covidence	**1732**

Eligibility criteria

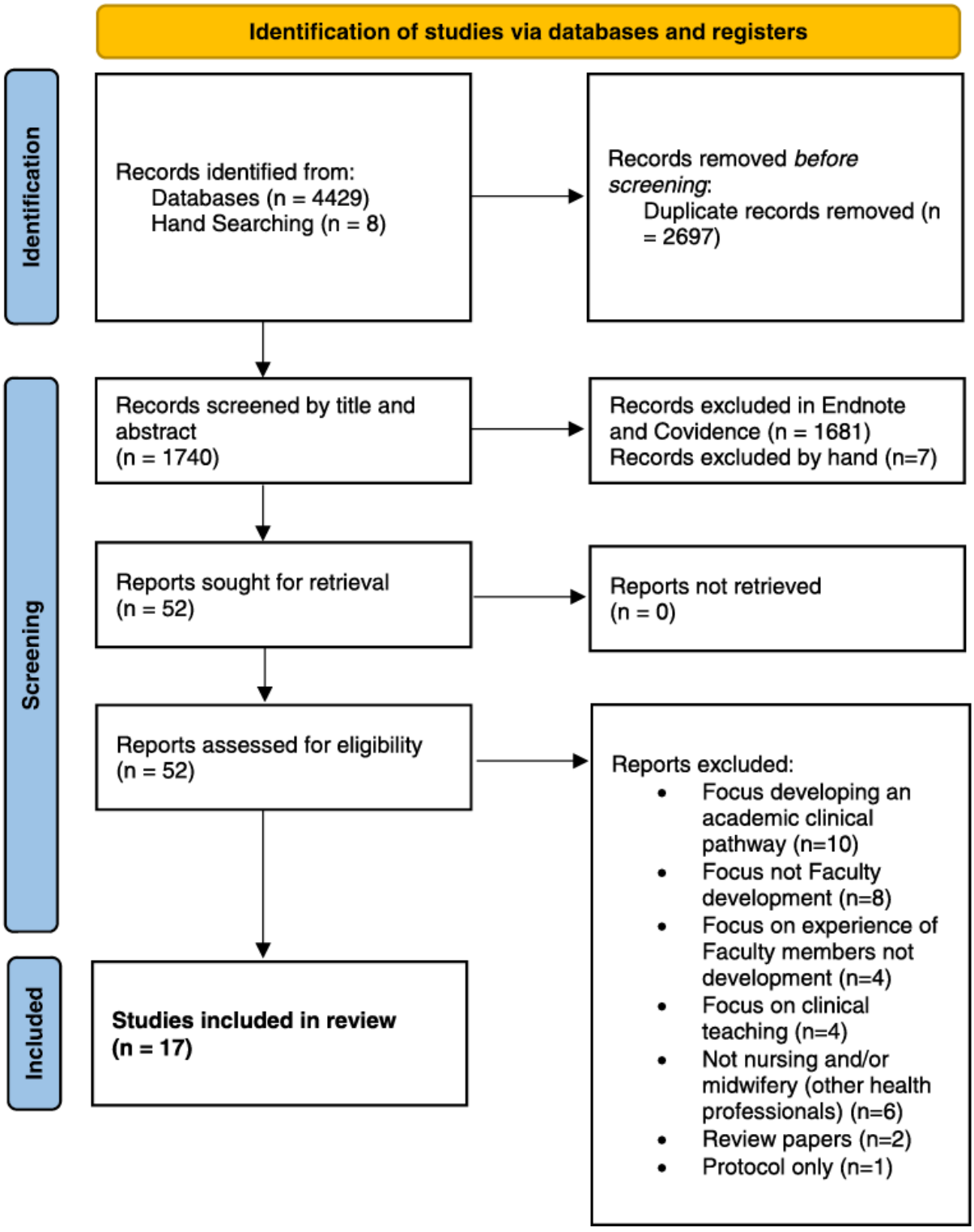
Articles meeting the following criteria were considered eligible for inclusion in review: peer-reviewed, health profession focus of nursing and/or midwifery, written in English, published between 2012 and 2022, and full text accessible either through library access or personal communication with authors.

As per the review question and pre-defined objectives, the review considered studies that examined or presented findings on faculty development program content, delivery format or evaluation processes. Exclusions occurred where the primary focus or participants were from health professions other than nursing and/or midwifery, where the focus was on faculty experiences and not development activities, academic clinical pathway development, or the focus was not on faculty development. Sources of information included randomized controlled trials, non-randomized controlled trials, quasi-experimental, before and after studies, prospective and retrospective cohort studies, case-control studies, qualitative studies, qualitative reviews, descriptive studies, and grey literature including dissertations, conference proceedings, and education guidelines.

Study selection

All items identified through database searching were imported into Endnote referencing programme (Clarivate Analytics, 2023), and duplicates removed. The remaining citations were uploaded into systematic review software Covidence (Veritas Health Innovation, 2022) and further duplicates identified and removed. Covidence is an online screening and data extraction tool that provides an efficient process for screening articles using title, abstract and/or full text and screening decisions can be easily tracked. Two authors (RS and CH) independently conducted initial title and abstract screening and undertook full-text review. A third author (JG) screened a random selection of 10% of studies and discrepancies were discussed and resolved. The study selection process is provided in the PRISMA Flow Diagram in Image 4.1.

Image 4.1 PRISMA Flow Diagram



Data charting

A data charting form was jointly designed by two reviewers (RS, CH) and initially tested on a small sample of studies and revised to ensure all relevant data were extracted. Data from eligible studies were extracted initially by the lead author (RS), reviewed by a second reviewer (CH) and any

disagreements were discussed and resolved (RS, JG, CH). The data extraction tool captured key characteristics and detailed information on the focus of each study in relation to faculty development programs content, delivery modes, and evaluations of outcome measures presented. The data extraction and charting is presented in Table 4.2.

Table 4.2. Data Extraction

Reference	Title	Major Focus	Mode of Delivery	Country	International Partnership	Study Design	Sample	Profession	Results
(Lewis et al., 2016)	Flexible learning: Evaluation of an international distance education programme designed to build the learning and teaching capacity of nurse academics in a developing country.	Both Content & Evaluation	Online	Vietnam	Yes	Mixed	112	Nursing	Three themes identified were networking and collaboration; acquiring new knowledge; and improving English. Resulting changes in practice post participation included perceived improvements in student centred learning and the creation of a community of practice. Broad content included in the program - learning and teaching approaches; curriculum design and clinical teaching.
(Murphy Tighe & Bradshaw, 2013)	Peer-supported review of teaching: Making the grade in midwifery and nursing education.	Content only	N/A	Ireland	No	Discussion	N/A	Both	Focus of discussion: Peer support for faculty may address isolation of new faculty members and in turn improve quality of education provision.
(Fowler et al., 2017)	Is faculty practice valuable? The experience of Western Australian nursing and midwifery academics undertaking faculty clinical practice - A discussion paper.	Discussion	N/A	Australia	No	Discussion	3	Nursing	Focus of discussion: Faculty clinical practice informs teaching strategies such as case studies and simulation and increases faculty confidence in teaching clinical content.

Reference	Title	Major Focus	Mode of Delivery	Country	International Partnership	Study Design	Sample	Profession	Results
(Fleming et al., 2017)	Impact of a continuing professional development intervention on midwifery academics' awareness of cultural safety.	Both Content & Evaluation	Blended - online and face-to-face	Australia	No	Mixed	9	Midwifery	Significant improvement in participants awareness of cultural safety and high levels of satisfaction with the development program. Broad content included in the program - Cultural safety
(Erlandsson et al., 2017)	Evaluation of an online master's programme in Somaliland. A phenomeno-graphic study on the experience of professional and personal development among midwifery faculty.	Evaluation only	Online	Somaliland	Yes	Qualitative	18	Midwifery	Online Master's program overcame barriers to access ongoing faculty development and provided opportunity to improve technical skills and confidence in computer use and internet searching for evidence-based information for teaching and clinical practice. Broad content included in the program - teaching and learning approaches; leadership and management; and evidence-based practice and research.
(Ndayisenga et al., 2020)	Nurse and midwife educators' experiences of translating teaching methodology knowledge into practice in Rwanda.	Evaluation only	Face-to-face	Rwanda	Yes	Qualitative	15	Both	Five themes identified - enhanced teaching practice; application of knowledge in classroom and clinical; collaboration and teamwork; challenges facing application of knowledge; and improving quality of care. Broad content

Reference	Title	Major Focus	Mode of Delivery	Country	International Partnership	Study Design	Sample	Profession	Results
									included in the program - learning and teaching approaches; student-centred learning; learning environments.
(Shikuku et al., 2022)	Improving midwifery educators' capacity to teach emergency obstetrics and newborn care in Kenya universities: a pre-post study.	Both Content & Evaluation	Face-to-face	Kenya	Yes	Quantitative	30	Midwifery	Participation in the program improved knowledge, skill and confidence in the management of maternity emergencies. Faculty reported increased knowledge, skills and confidence in delivering content using participatory teaching methods. Broad content included in the program - EmONC skills, simulated and participatory teaching and facilitated learning methods.
(Chapman et al., 2013)	An action research approach for the professional development of Vietnamese nurse educators.	Discussion	Blended - online and out-of-country visits	Vietnam	Yes	Discussion	N/A	Nursing	Focus of discussion - the development, delivery and challenges associated with a Teaching Fellowship program. Broad content included in the program - teaching and learning approaches; curriculum design; information literacy; and a focus on teaching critical thinking.
(Evans et al., 2013)	Building nurse education capacity in India: insights	Both Content & Evaluation	Blended - face-to-face and	India	Yes	Discussion	N/A	Nursing	Focus of discussion: challenges in the provision and evaluation of a 2-year faculty development

Reference	Title	Major Focus	Mode of Delivery	Country	International Partnership	Study Design	Sample	Profession	Results
	from a faculty development programme in Andhra Pradesh.		out of country visits						program. Challenges included heavy workloads, lack of control over curriculum, and poor infrastructure and resources. Broad content included in the program - learning and teaching approaches; clinical education; research skills; leadership and management;
(Koto-Shimada et al., 2016)	Building the capacity of nursing professionals in Cambodia: Insights from a bridging programme for faculty development.	Both Content & Evaluation	Blended - face-to-face and out of country visits	Cambodia	Yes	Qualitative	44	Nursing	Out of country program where participants reported being most influenced by new information on nursing theories and professionalism; active learning and teaching strategies; and the ability for complete immersion in their learning. Broad content included in the program - learning and teaching approaches; nursing process and models; student centred learning approaches.

Reference	Title	Major Focus	Mode of Delivery	Country	International Partnership	Study Design	Sample	Profession	Results
(Bogren et al., 2017)	Building a new generation of midwifery faculty members in Bangladesh.	Content only	N/A	Bangladesh	Yes	Other: Case report	N/A	Nursing	Insight on how to build capacity in midwifery faculty identified interdependent components necessary for building a new generation of midwifery faculty. Essential components included access to higher degrees; development of accreditation guidelines and tools; and a faculty mentorship program. Broad content included in the program - learning and teaching approaches; leadership and management; research and application of evidence.
(Best et al., 2022)	Educating the educators: Implementing cultural safety in the nursing and midwifery curriculum.	Both Content & Evaluation	Face-to-face	Australia	No	Qualitative	26	Nursing	Development workshops focussing on cultural safety can assist faculty in developing knowledge and ability to teach cultural safety. However, the development of detailed contextual understanding requires more intensive programs of development. Broad content included in the program - cultural safety

Reference	Title	Major Focus	Mode of Delivery	Country	International Partnership	Study Design	Sample	Profession	Results
(Erlandsson et al., 2019)	Evaluating a model for the capacity building of midwifery educators in Bangladesh through a blended, web-based master's programme.	Evaluation only	N/A	Bangladesh	Yes	Mixed	30	Midwifery	Prior to participation in the faculty development program participants hoped content and learning included developing skills with technology, learning and teaching approaches, and student-centred learning approaches.
(Goodman et al., 2018)	Improving Nursing and Midwifery Education in a Resource-Limited Context: An Initial Evaluation.	Evaluation only	Face-to-face	Liberia	Yes	Mixed	55	Both	End-of-program evaluation identifies high levels of satisfaction with the program. Participants report increased leadership and career opportunities. Participation in the program has improved teaching and leadership capabilities. Broad content included in the program - student learning; assessment and evaluation; curriculum design; quality improvement processes; and leadership.
(van Wyk et al., 2020)	Evaluating the outcomes of a faculty capacity development programme on nurse educators in sub-Saharan Africa.	Both Content & Evaluation	Blended - face-to-face and online	sub-Saharan Africa	Yes	Mixed	26	Both	Evaluation of a faculty capacity building program based on participants ability to meet the program outcome of implementing a project at home institution. All projects were presented by participants

Reference	Title	Major Focus	Mode of Delivery	Country	International Partnership	Study Design	Sample	Profession	Results
									at a local conference and four projects resulted in peer-reviewed publications. Some projects led to curriculum changes, improvements in teaching and research and faculty career prospects. Broad content included in program - research scholarship; leadership.
(Shawa & Botma, 2020)	Practice guidelines for peer support among educators during a curriculum innovation.	Guideline	N/A	South Africa	No	Qualitative	12	Midwifery	Practice guidelines for a program of peer support to progress a curriculum innovation were developed. Priority areas for practice guidelines included the need for peer supporter attributes, strategies and content for peer support programs, and the need for monitoring and evaluation of peer support programs.
(Rumsey et al., 2013)	Scaling-Up Nursing through Global Nursing and Midwifery Faculty Development: A Report on Nursing & Midwifery Education Programs, Faculty Staff and Nurse	Content only	N/A	Western Pacific	Yes	Mixed	86	Both	Identification of barriers to faculty development including social, policy and organisational barriers to access and completion of development programs. Findings will inform future faculty development programs. Needs assessment identified the following content for programs - learning and

Reference	Title	Major Focus	Mode of Delivery	Country	International Partnership	Study Design	Sample	Profession	Results
	Educators in the Western Pacific								teaching approaches; curriculum creation; mentoring and leadership; professional practice improvement; and research and scholarship.

Synthesis

Following extraction of data, and mapping of key characteristics and content of selected studies, content analysis was used to synthesise, analyse and report findings. Of the 17 eligible studies, one used a pre- post-test quantitative methodology, eleven used qualitative or mixed methodology, a further four were discussion papers and one was a case report. Therefore, all except for one study, presented text-based findings and discussions. As such, the application of content analysis supported a systematic approach to analysing content and identifying commonalities or broad themes (Braun & Clarke, 2022).

Findings

There was broad geographical spread with studies from programs in Australia (3), Bangladesh (2), Vietnam (2) and one each from Cambodia, India, Ireland, Kenya, Liberia, Rwanda, Somaliland, and South Africa. In addition, there was a regional-based study from sub-Saharan Africa and regional report from the Western Pacific. Findings are presented alongside the scoping review objectives of common content included in faculty development programs in nursing and midwifery, modes of delivering these programs, and evaluation processes used to determine impact of programs. Box 4.1 provides a summary of the research findings regarding content, mode of delivery and evaluation of programs of development.

Box 4.1. Overview of review findings related to review objectives.

Content (# of studies listing as content)
Contemporary approaches/methodologies for learning and teaching (9)
Leadership and Management (6)
Research, Evidence-Based Practice and Scholarship (6)
Assessment (6)
Profession Specific Content - Nursing and/or Midwifery Practice (6)
Student-Centred Learning Strategies (4)
Peer Review/Reflection (3)
Curriculum Design (3)
Learning Environment (1)
Modes of Delivery (# of studies identifying mode of delivery)
Face-to-face (4)
Blended – face-to-face and online/distance learning (3)
Blended – face-to-face and out of home-country visits (3)
Online/Distance (1)

Evaluation Methods [1]
Qualitative methods - post-participation single point interviews, focus groups and/or surveys data (majority)
Mixed methods - pre- and post-intervention survey data
Quantitative methods - pre- and post-intervention surveys

[1] more than one method used in several studies so numbers not provided.

In addition to these targeted areas, content analysis identified further areas of interest, including that almost half of the studies relied on external partnerships for the provision of programs and many of the studies identified and discussed challenges in the provision of faculty development. Findings are presented for each review objective and the additional common areas of interest identified.

Content

Content of faculty development or capacity building programs was the most discussed aspect in the scoping review. Twelve of the 17 studies identified, examined and/or discussed content included or requested in nursing and/or midwifery faculty development programs. Contemporary approaches to learning and teaching was identified as a key component of faculty development program content by most studies (Best et al., 2022; Bogren et al., 2017; Chapman et al., 2013; Erlandsson et al., 2017; Evans et al., 2013; Goodman et al., 2018; Koto-Shimada et al., 2016; Lewis et al., 2016; Ndayisenga et al., 2020; Rumsey et al., 2013; van Wyk et al., 2020). Learning and teaching approaches or strategies were identified as a mainstay of faculty development programs (Lewis et al., 2016; Ndayisenga et al., 2020). Increasing understanding about theories that support learning and teaching methodologies and the implementation of contemporary approaches was an essential component of programs designed to prepare educators for academic roles (Erlandsson et al., 2019; Koto-Shimada et al., 2016). Learning and teaching approaches included a focus on student-centred learning for many programs (Erlandsson et al., 2019; Goodman et al., 2018; Koto-Shimada et al., 2016; Ndayisenga et al., 2020).

A student-centred learning environment was a foundation of both faculty development programs and in the application of learning and teaching approaches by faculty after their participation in programs (Erlandsson et al., 2019; Koto-Shimada et al., 2016; Ndayisenga et al., 2020). Study participants recognised that when student-centred approaches were implemented in their teaching students more actively participated in classroom activities (Goodman et al., 2018; Ndayisenga et al., 2020).

In addition to content on learning and teaching strategies, assessment was regularly included as content of faculty development programs (Chapman et al., 2013; Erlandsson et al., 2019; Goodman et al., 2018; Lewis et al., 2016; Ndayisenga et al., 2020; van Wyk et al., 2020). At times, information on assessment as content in programs was less obvious but evaluations included questions regarding increased knowledge or confidence in student assessment (Goodman et al., 2018; Ndayisenga et al., 2020). Assessment as a topic may also have been incorporated in the general content on learning and teaching strategies and not as a stand-alone content area. Another topic that may have been incorporated into content but is not explicit in many of the studies listed content descriptions is curriculum design. Only three of the studies mention curriculum design as content in the program provided or as evaluation questions (Goodman et al., 2018; Lewis et al., 2016; van Wyk et al., 2020).

A popular content area for faculty development programs was building knowledge and capacity in leadership attributes and managerial responsibilities (Bogren et al., 2017; Erlandsson et al., 2017; Evans et al., 2013; Goodman et al., 2018; Rumsey et al., 2013; van Wyk et al., 2020; WHO et al., 2019). Leadership skills were viewed as essential to address challenges in career advancement (Erlandsson et al., 2017; Rumsey et al., 2013) and including the development of leadership skills in programs led to reported increased managerial responsibilities, and opportunities for leadership positions for graduates (Goodman et al., 2018; van Wyk et al., 2020). Participants in a number of studies felt that although the development programs improved their leadership and management skills, they were not always recognised by the systems where they worked, nor were they given the opportunity to utilise these new skills (Evans et al., 2013; Goodman et al., 2018). In addition, there were reports of graduates being seen as too ambitious or as a threat to individuals already in leadership or management positions (Erlandsson et al., 2017; Goodman et al., 2018).

Another commonly reported or requested content area in faculty development programs was research, evidence-based practice, and academic scholarship (Bogren et al., 2017; Erlandsson et al., 2017; Evans et al., 2013; Goodman et al., 2018; Rumsey et al., 2013; van Wyk et al., 2020). Studies that identified research and scholarship development as essential provided capacity building around research methodologies and opportunities for participants to apply new knowledge and skills through the development of research projects (Bogren et al., 2017; Erlandsson et al., 2017; Goodman et al., 2018; van Wyk et al., 2020). Furthermore, some programs measured success in scholarly outputs such as presentations and publications (Goodman et al., 2018; van Wyk et al., 2020). Developing scholarship and skills in research was discussed as a priority for development of faculty and for advancement of the profession (Evans et al., 2013).

While less about content and more focussed on the approach to faculty development, peer-review or peer support was the basis for three studies in the review (Chapman et al., 2013; Murphy Tighe & Bradshaw, 2013; Shawa & Botma, 2020). Two of the discussion papers presented peer-review and support as a means of developing faculty practice through reducing professional isolation and addressing challenges associated with the provision of online development programs (Chapman et al., 2013; Murphy Tighe & Bradshaw, 2013). The third study that focussed on peer-support as faculty development discussed the process of the development of practice guidelines for peer support during a curriculum innovation (Shawa & Botma, 2020).

Modes of delivery

Of the studies in the review that discussed or evaluated actual programs of faculty development, four stated the programs were delivered entirely face-to-face (Best et al., 2022; Goodman et al., 2018; Ndayisenga et al., 2020; Shikuku et al., 2022), three were a blend of face-to-face and out of home-country visits (Chapman et al., 2013; Evans et al., 2013; Koto-Shimada et al., 2016), three were a blend of face-to-face and online/distance learning (Erlandsson et al., 2017; Fleming et al., 2017; van Wyk et al., 2020) and one wholly online/distance program (Lewis et al., 2016). In most studies, the mode of delivery was not described in any detail, so it is difficult to determine any more detailed schedule of program delivery. In addition, modes of delivery were not specifically evaluated. However, challenges in mode of delivery were evident in general evaluation in some of the studies with one study reporting a participant preference for face-to-face over online/distance learning and teaching (Lewis et al., 2016).

Evaluation

The most common method of evaluation of the faculty development programs in the review was qualitative analysis through interviews, focus groups and/or content analysis of text-based responses in questionaries/surveys. Most studies used a post-participation evaluation and focussed on determining satisfaction with the program and self-reported increase in knowledge and confidence in academic duties (Best et al., 2022; Erlandsson et al., 2017; Fleming et al., 2017; Goodman et al., 2018; Koto-Shimada et al., 2016; Lewis et al., 2016; Ndayisenga et al., 2020; van Wyk et al., 2020). Two of the studies used a pre- and post-program evaluation using a mixed method approach. One used a quasi-experimental pre-post design to determine improvements in knowledge skills and self-reported confidence in teaching an emergency management program (Shikuku et al., 2022). The other used a baseline questionnaire prior to the start of the development program and a different questionnaire part way through the program (Erlandsson et al., 2019).

Only one study used a formally validated evaluation tool and that was the Awareness of Cultural Safety Scale used by Fleming et al. (2017) where educators self-assess awareness of cultural safety. A further study described an internal process of validation for the pre- and post-questionnaire they used (Shikuku et al., 2022). Furthermore, only one study applied a recognised capacity development framework, Cooke's Capacity Building of Health Research Framework (Cooke, 2005), to support and inform evaluation of the program (van Wyk et al., 2020). Although, often not described in detail, it would appear all other methods of evaluation were developed by each study's authors for the purpose of evaluating that specific development program.

Partnerships in programs

Twelve of the 17 studies in the review involved international partnerships, most commonly high-income countries providing support to low- and/or middle-income countries. High-income country support for programs of faculty development in the review included Sweden (3), Australia (2), United Kingdom (2), Canada (1), Japan (1) and United States of America (1). South Africa, an upper-middle income country and Thailand, a middle-income country, also provided support for programs in lower-income countries.

Common challenges reported in partnership programs were language difficulties, difficulties with access to technology and internet needed for online activities in LMICs, lack of the ability to provide direct support to participants, difficulties maintaining relationship/engagement over a long term, and the continued reliance on international 'experts' therefore reducing the ability to utilise or grow in-country expertise (Chapman et al., 2013; Erlandsson et al., 2019; Erlandsson et al., 2017; Koto-Shimada et al., 2016; Lewis et al., 2016). A further challenge identified in partnership programs was that the participants in the programs were not used to, or had not previously been exposed to, a student-centred approach to learning and teaching and some struggled with this new approach initially (Erlandsson et al., 2017). Bogren et al. (2017) in their case report on building a new generation of midwifery faculty in Bangladesh concluded that capacity building needed to include the facilitation of long-lasting and collaborative partnerships between low and high-resource settings to enhance further development opportunities.

Challenges

Many of the studies identified challenges, barriers and obstacles facing participants either during the development programs or when participants tried to apply new skills and knowledge in their academic practice. A common challenge identified by participants in both completion of programs and application in practice was already heavy workloads making engagement difficult. Participants identified enthusiasm for changing learning and teaching practices but difficulties in making this

happen due to workloads, staff shortages and lack of resources available to facilitate new practices (Evans et al., 2013; Koto-Shimada et al., 2016; Ndayisenga et al., 2020).

Another commonly identified challenge was around the increase in perceived status resulting from access to education and the impact this had on participants and systems. Participants reported a lack of recognition of qualification or education and, at times, hostile attitudes from managers and others due to systems that were traditionally hierarchical in nature (Erlandsson et al., 2017; Evans et al., 2013; Koto-Shimada et al., 2016). Access to technology and internet were also identified as major barriers to engagement in programs along with a lack of resources available in the participant's first language (Erlandsson et al., 2019; Erlandsson et al., 2017; Koto-Shimada et al., 2016; Lewis et al., 2016).

Discussion

The review resulted in identification of common content present in nursing and midwifery faculty development programs with most studies providing information on content included. Modes of faculty development program delivery were listed but little detail was provided on how programs were delivered or structured using the identified mode. Most program evaluations relied on qualitative methods to determine outcome measures such as satisfaction with programs and self-reported changes in knowledge and confidence in academic duties. In addition, the review identified common challenges experienced by participants in faculty development programs. Furthermore, the review detected a prevalence in high-income and LMIC partnerships in the delivery of faculty development programs.

As with competency-based professions such as nursing and midwifery, programs of education or development should be outcomes-based on professional competencies (Muirhead et al., 2021; Snell, 2014). Therefore, it is good practice to ensure content of programs aimed at faculty development are based on professional competency standards. Professional nursing and midwifery educator competencies or standards are available and accepted (World Health Organization, 2013a, 2016). Both sets of competencies are similar, so when summarised and combined nurse and/or midwifery educators should demonstrate competence in professional practice; theory of learning; ethical and legal principles; leadership and management; assessment and evaluation; research; communication and collaboration; and curriculum development and implementation.

Almost all studies in the scoping review identified common content included in faculty development programs and the content identified aligns with professional competencies described above and literature supporting faculty development program content for health professions more broadly. A recommended key feature of faculty development programs for health professionals is the provision

of relevant content that is applicable to educational and clinical responsibilities (Steinert et al., 2016). In previous work, Steinert (2014b) listed common content areas in faculty development and these included learning and teaching methodologies, leadership, and management; curricular development and academic scholarship. Even though much of the content identified in the scoping review maps well to recommended content and professional competencies there is a predominant focus on approaches to learning and teaching. There is recognition on the need to broaden the focus of development programs to include equal focus on leadership, scholarship, and academic career development (Ahmed et al., 2022; Hitchcock et al., 1992; Steinert, 2012).

The most common content or topic identified during the scoping review was contemporary approaches/methodologies for learning and teaching also referred to as just teaching and learning, or previously as teaching skills (Behar-Horenstein et al., 2019; Steinert & Mann, 2006; Steinert et al., 2016). Learning and teaching approaches include activities such as group facilitation skills and collaborative learning; promotion of active learning approaches; integration of technology in learning and teaching; and assessment design (Booth et al., 2016; National League for Nursing, 2020; Steinert, 2014b; World Health Organization, 2013a). Given learning and teaching is a core activity expected of a nurse or midwife academic then it is not surprising that most faculty development programs include this as core content. A further core faculty activity is curriculum design, yet curriculum design was not regularly and explicitly identified as essential content in development programs. It may be that curriculum design activities were incorporated into learning and teaching content, or it may be that curriculum design activities and development need strengthening in nursing and midwifery faculty development programs.

Other content identified separately but often included under the broad learning and teaching methodologies is that of student-centred learning (Snell, 2014). When student-centred learning content is included in programs of faculty development a shift from didactic approaches to teaching to a more student-centred and active learning approach has been noted (Bilal et al., 2019; Steinert et al., 2016; Stes et al., 2010). Student-centred learning environment was seen as a foundation of both faculty development programs and in the application of learning and teaching approaches by faculty after participation in programs (Erlandsson et al., 2019; Koto-Shimada et al., 2016; Ndayisenga et al., 2020).

Given earlier calls for broadening the learning and teaching focus of many faculty development program content it was reassuring to find both leadership and management, and research scholarship as common topics in the programs described in the review studies. With an increasing expectation for faculty to be active in research and publications (Niles et al., 2020) it is essential that

they have the opportunity to develop understanding and practice in research and scholarly publishing. A systematic review of interventions to increase publication rates in faculty members, McGrail et al. (2006) identified key interventions including writing courses and peer-support for faculty research activities. Several studies in the scoping review describe provision of a development program that included support in research skills, writing, and publishing (Erlandsson et al., 2017; Evans et al., 2013; van Wyk et al., 2020). However, the needs assessment undertaken with faculty across the Pacific region identified a lack of opportunity in the development of scholarly activities including research, writing and production of publications (Rumsey et al., 2013). Therefore, more support is needed this area of faculty development.

High level reports in both nursing and midwifery call for investment in a focus on the development of leaderships skills (UNFPA et al., 2021; WHO et al., 2019; World Health Organization, 2020, 2021). It was reassuring to find the topic of leadership included in many of the reviewed studies' faculty development programs. Ensuring the development of leadership in the nursing and midwifery professions ensures nurses and midwives can have influential roles in education, policy and practice (UNFPA et al., 2021; World Health Organization, 2020). Leadership development is also recognised as not only being a critical factor in education innovation but also in the development of strong professions in healthcare (Swanwick & McKimm, 2014).

As described in the findings, little detail was given in studies on modes of delivery for faculty development programs aside from whether they were face-to-face, online/distance, or blended through a mix of face-to-face and online, or face-to-face and out of country visits. The faculty development programs described in the review were mostly longitudinal over months or years. A few of the programs were in part delivered over the period of the Covid-19 pandemic but very little commentary on the impact of this on the mode of delivery was included. Globally, the pandemic led to massive increases in online education in healthcare and this now needs to be urgently examined (Daniel et al., 2021). Although little detail on modes of delivery for programs, what was evident was the reliance on international partnerships for the conduct of faculty development programs. Almost three-quarters of the studies included in the review were international partnerships between high and low-income countries. Successful international partnerships in faculty development require mutual goal-setting, continuous communication and relationship building, and cultural bridging (Allen, 2014; Friedman et al., 2014). Commonly reported challenges with the delivery of faculty development by international partners includes an overreliance on external experts that then prevents the development of local experts and increases the risk of persistent dependency in development programs (Burdick, 2014). The prevalence of international partnerships for the delivery

of programs may have also had an impact on mode of delivery, particularly in the need to deliver content online due to the out-of-country location of faculty delivering programs.

The scoping review identified commonalities in evaluation methods. The most common evaluation method was a qualitative method of interviews and content or theme-based analysis. There is contention regarding evaluation of faculty development programs with recognition that program impact is complex with multiple outcomes possible and that research often lacks rigor due to challenges in data collection, a lack of robust and accepted frameworks to guide evaluation, and a focus on participant satisfaction and self-reported changes in confidence (Behar-Horenstein et al., 2019; Fernandez & Audétat, 2019; O'Sullivan & Irby, 2014). Recommendations to improve evaluation of faculty development programs include the use of an experimental design with pre-post and longitudinal measures or intervention and control groups; the use of validated measures; the use of more than one data collection method in qualitative studies, for example using interviews plus observation over time; and utilization of a variety of research paradigms to investigate complexities and impact of faculty development (Behar-Horenstein et al., 2019; Fernandez & Audétat, 2019; O'Sullivan & Irby, 2014). There are calls for the development and application of evaluation models that can capture the complex and multi-level outcomes and impact of faculty development programs and activities, rather than limiting evaluation to satisfaction and confidence measures of participants (Fernandez & Audétat, 2019; van der Rijst et al., 2022). However, it is also recognised that in educational and faculty development, capturing and evaluating complex outcomes remains challenging and that there is limited practical guidance for program developers on methods of evaluation (Miller-Young & Poth, 2021). Studies in the review also recognize the limitations in evaluation processes through small sample sizes, non-random selection, and analysis undertaken by those who designed and delivery the programs (Erlandsson et al., 2017; Fleming et al., 2017; Koto-Shimada et al., 2016).

Limitations

A systematic appraisal of the quality of the studies included in the review was not undertaken as scoping reviews include a broad range of evidence sources and this is not usually possible (Pollock et al., 2021). However, the majority of included studies were from peer-reviewed publications therefore providing some assurance of quality prior to publication. It is possible, due to date restrictions and English only inclusion criteria, that some of the formative work on faculty development programs in nursing and midwifery was not identified and therefore not included in the review. Date limits and published in English were applied to ensure the review was feasible as the review forms part of a broader program of research on faculty development and was designed to inform future research. Due to the difficulties noted in evaluation of programs, it may be that

much faculty development is being undertaken but not evaluated and reported on. In addition, we chose not to consult with knowledge users on this review as we felt that this may influence the findings in terms of not being able to consult with the wide range of people who could contribute. This lack of knowledge user consultation may limit usefulness of findings for some.

Conclusion

This scoping review identified commonalities in content of faculty development programs in nursing and midwifery, and much of the content provided in programs aligned with professional educator core-competencies and standards. In line with expected academic and faculty activities, learning and teaching approaches featured strongly in programs along with assessment, leadership development and research and scholarship. What appeared to be missing in content of programs was curriculum design and development and given this is an important aspect of academic practice this needs to be investigated further.

The limited detail provided on modes of delivery for faculty development programs, and therefore limited evaluation on mode of delivery, leads to questions regarding best practice in the delivery of programs. The Covid-19 pandemic has exponentially increased online education including in faculty development, and this needs to be urgently evaluated from the perspectives of program design, delivery, and participant experiences.

Alongside calls for further evaluation of program outcomes and impact, concerns regarding lack of rigor in evaluation processes were identified. The review identified a reliance on qualitative, single point-in-time data collection methods reporting on post-participation evaluation. Most evaluations focussed on determining satisfaction with the program and self-reported increase in knowledge and confidence in academic duties. Future evaluation needs to consider applying a variety of research paradigms to investigate complexities and longer-term impact of faculty development, not only on faculty but also on the students they work with.

Funding

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Declaration of competing interest

All authors have experience in designing and delivering programs of faculty development.

Summary and introduction to Chapter 5

This chapter presents the peer-reviewed and published manuscript of my scoping review. The scoping review aimed to address the research objective of exploring the content, modes of delivery,

and evaluation processes for faculty development programs in the midwifery and nursing professions. The scoping review contributes to the overall research aim of the development of an evidence-informed framework for strengthening midwifery faculty development.

In addition, findings from the review informed the development of a learning needs assessment survey that aimed to address two of my research objectives. Firstly, to identify the needs of midwifery faculty, and also to explore demand for, access to, and provision of faculty development in LMICs of the Asia Pacific region. The next chapter introduces and presents the learning needs assessment survey method, findings and associated discussion through the replication of the second peer-reviewed and published manuscript from my PhD research.

Chapter 5: "It would be nice to have more than basic support": A learning needs assessment survey of midwifery faculty in LMICs of the Asia Pacific Region

Introduction

Despite the availability of faculty development programs, little is known about the needs of midwifery faculty, and most programs have been developed in high-resource settings. Programs of midwifery development in low- and middle-income settings are mostly donor-related development activities through partnerships with organisations or institutions in high-income settings. These programs of development are generally not based on identified needs, despite recognition of the importance of systematic needs-based program design.

Traditional programs of faculty development have focused on developing the learning and teaching aspects of the role of a midwifery faculty. Faculty members are increasingly expected to undertake research and other scholarly activities, such as publications and conference presentations, for which they have had no or minimal development opportunities. In addition, many faculty are now expected to lead and manage courses and departments, and again, they have not had development opportunities in these areas. Working with midwifery faculty in the Asia and Pacific regions identified the need for development in all role expectations and led to a focus on ensuring an assessment of need is undertaken before supporting faculty to access programs of development.

Chapter 5 addresses the research objectives of identifying the development needs of midwifery faculty and exploring the demand for, access to, and provision of, midwifery faculty development in LMICs in the Asia-Pacific region. Findings from the learning needs assessment survey have contributed to the development of the evidence-informed framework for strengthening midwifery faculty development

Publication details

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Abstract

Background

The provision of high-quality midwifery education relies on well-prepared educators. Faculty members need professional development and support to deliver quality midwifery education.

Aim

To identify development needs of midwifery faculty in LMICs of the Asia Pacific region, to inform program content and the development of guidelines for faculty development programs.

Methods

An online learning needs assessment survey was conducted with midwifery faculty from LMICs in the Asia Pacific Region. Quantitative survey data were analysed using descriptive statistics. Textual data were condensed using a general inductive approach to summarise responses and establish links between research aim and findings.

Findings

One hundred and thirty-one faculty completed the survey and a high need for development in all aspects of faculty practice was identified. Development in research and publication was the top priority for faculty. Followed closely by leadership and management development, and then more traditional activities of teaching and curriculum development. Preferred mode of program delivery was a blended learning approach.

Discussion

Historically, programs of faculty development have primarily focussed on learning and teaching methods and educational development. Yet contemporary faculty members are expected to function in roles including scholarly activities of research and publication, institutional leadership and management, and program design and implementation. Unfortunately, programs of development are rarely based on identified need and fail to consider the expanded role expectation of contemporary faculty practice.

Conclusion

Future midwifery faculty development programs should address the identified need for development in all expected faculty roles.

Keywords

Midwifery; Faculty Development; Education; Academic Development; Staff Development

Statement of significance

Problem

Little is known about the development needs of midwifery faculty despite the availability of faculty development programs. Current programs predominantly focus on learning and teaching methodologies which is only one aspect of faculty practice and most programs have not been developed from a needs-based approach.

What is already known

The development and strengthening of those who teach is needed to improve the quality of care provided by maternity health professionals and in turn, to reduce maternal and newborn mortality. In high-income countries (HIC), it is common for education institutions to offer faculty development programs. In LMICs faculty development is more commonly offered through donor-funded high-income country partnerships, with programs that may not be designed for, or with, the intended participants. In some instances, no faculty development is offered.

What this paper adds

This research identifies the needs and priorities for development of midwifery faculty in LMICs of the Asia and Pacific Regions. Findings from this research will provide evidence-based guidance for future programs of midwifery faculty development.

Introduction

High level evidence supports midwives and nurses as key to the provision of Universal Health Care and to improving health outcomes for all (World Health Organization, 2021). Equally critical in improving health outcomes is ensuring those who educate the next generation of midwives and nurses are prepared and supported to provide high-quality education(World Health Organization, 2021). The development and strengthening of those who teach, commonly referred to as faculty development, is an important strategy to improve the quality of care provided by maternity health professionals and in turn, to reduce maternal and newborn mortality (West et al., 2016).

Numerous regional and global reports call for urgent investment in midwifery education, including the strengthening of curricula for programs leading to midwifery registration, and development and support for the faculty who educate the future workforce (UNFPA, 2018; UNFPA et al., 2021; UNFPA et al., 2019; World Health Organization, 2019, 2021). The most recent State of the World's Midwifery Report includes a call for urgent investment in midwifery education alongside investment in health workforce, service delivery, and leadership and governance (UNFPA et al., 2021). The Strengthening Quality Midwifery Education for Universal Health Coverage 2030: Framework for

Action's seven step action plan includes a focus on faculty as a vital step to improving the quality of midwifery education and in-turn service provision (World Health Organization, 2019). This focus on faculty includes the provision of programs of development that support midwifery educators to demonstrate the core competencies expected of midwifery faculty (World Health Organization, 2013a).

The provision of faculty development should be systematic, informed by professional standards, and based on identified individual and institutional need as this is more likely to lead to a change in faculty practice (Al-Ismail et al., 2023; Behar-Horenstein et al., 2014). Faculty development activities or programs should be carefully planned and designed according to need, implemented with consideration for context of learning and, followed up with rigorous evaluation of intended outcomes (Ahmed et al., 2022; Fernandez & Audétat, 2019; Steinert, 2014b). Unfortunately, this is not usually the reality (Fallis et al., 2022). Historically, programs of faculty development were designed according to perceived need or traditional faculty roles, and program evaluations focussed on lower-level evaluation processes such as participant satisfaction and increases in confidence levels (Behar-Horenstein et al., 2019; Fernandez & Audétat, 2019; Kirkpatrick Partners, 2023). The majority of program evaluations do not adequately measure changes in behaviour or improved outcomes occurring as a result of the development (Fernandez & Audétat, 2019).

The perceived development needs often include a heavy focus on the delivery of teaching at the detriment of increasingly common roles expected of faculty members. Common faculty roles include curriculum design and development; research and scholarly practice; and, leadership and management. These areas of faculty practice are often not included in faculty development programs (Smith, Gray, et al., 2023). This is despite the WHO Midwifery Educator Core Competencies (World Health Organization, 2013a) including expected competence in broader areas of education practice such as curriculum revision, monitoring, implementation and evaluation. Other midwife educator competency domains include an expectation of leadership, management, and advocacy skills, and the ability to initiate and sustain changes that strengthen education practice. If competence is expected in all these areas of faculty practice, then programs of development should be designed to address these competency domains and be accessible for all midwifery faculty.

In high-income settings, the educational institution is likely to provide opportunities for development of faculty but in LMICs settings this is less likely to occur (Abid, 2013; Sommers & Rio, 2020; West et al., 2016). The reality in low-resource settings is a heavy reliance on partnerships with high-income countries (Smith, Gray, et al., 2023). This reliance on external partnerships can contribute to an ad-hoc approach to the delivery of programs. Unfortunately, often the nature of

international assistance in the delivery of education programs, is a focus on short-term outcomes as opposed to sustainable changes (Friedman et al., 2014; Riddell & Niño-Zarazúa, 2016). Individual, institutional or country needs are often not considered and pre-existing programs are applied in contexts they were not designed or developed for (Koto-Shimada et al., 2016; Ndayisenga et al., 2020).

The provision of development programs without consideration for the specific needs of the target population may fail to produce the intended impact or outcomes of the development program. Undertaking a learning needs assessment (LNA) should be considered an essential step in planning programs of development (Al-Ismail et al., 2023; Pilcher, 2016). The LNA should use a systematic approach to identifying development needs and most commonly includes the use of a survey (Al-Ismail et al., 2023), but can also include interviews, and reviewing available literature and professional standards/competencies (Pilcher, 2016). Despite strong recommendations for the conduct of a learning needs assessment using several data collection methods, prior to program development, this rarely occurs.

The aim of this paper is to identify the development needs of midwifery faculty in LMICs of the Asia Pacific region, to better inform program content, modes of delivery, and as part of a broader program of research to develop an evidence-informed framework to strengthen faculty development. This paper reports on outcomes of a learning needs assessment (LNA) survey for faculty development programs and is part of a larger program of research that is focussed on midwifery faculty development.

Methods

Setting and participants

The setting for the survey was LMICs in the Asia-Pacific region. We used the United Nations Population Fund (UNFPA) defined regional grouping. The study focus was on countries where midwifery is a recognised or emerging cadre of health professionals. The Human Research Ethics Committee at the University of Technology Sydney appraised and approved the study in April 2023. HREC approval number: ETH23-8059.

The survey consent form invited participants to complete the survey if they worked in an education institution where midwifery is taught, either as a stand-alone program or taught as part of a nursing education program, and part of their role includes teaching midwifery. Convenience and snowballing sampling were used. Convenience sampling is economical and efficient (Jager et al., 2017) in reaching a large cohort. Due to midwifery education activity in the region, we were fortunate to have access to an established Community of Practice of midwifery educators through which we

could invite participation. The Community of Practice was established by UNFPA Asia Pacific Regional Office as part of a program of faculty development and we received permission to advertise the survey in the online forum.

Data collection

No validated survey tool for determining the development needs of midwifery or health professionals' faculty was identified. A bespoke survey (Appendix B) was developed based on findings of a scoping review identifying common content, delivery modes and evaluation process of faculty development programs in nursing and midwifery (Smith, Gray, et al., 2023). The survey was initially tested with a diverse group of expert midwifery faculty attending a midwifery education symposium held as part of the International Confederation of Midwives Conference in Bali in June 2023. Pre-testing was used to ensure content, flow, and questions were clear, consistent, and easy to follow. Slight editorial alterations were made based on the feedback from the pre-test. Unfortunately, due to resource constraints, the survey was only available in English, so a level of English language proficiency was required for completion.

An invitation to complete the electronic survey was circulated in the existing Asia and Pacific regions' communities of practice in midwifery education. Potential participants were asked to share the link with midwifery faculty/educators. The survey invitation was initially shared with an estimated 300 midwifery faculty, with 131 completions giving approximately a 44% completion rate. However, due to the potential for snowballing through sharing of the invitation with faculty colleagues, this completion rate may not be accurate.

Data analysis

Responses were analysed using quantitative descriptive statistics including frequency and percentage as no testing of hypothesis was involved. Textual data from comment boxes were condensed using a general inductive approach to summarise responses and establish links between findings and the aim of the research (O'Cathain & Thomas, 2004). Whilst the majority of data collected and analysed were of a quantitative nature, we did collect and analyse a small component of textual qualitative data. Given most of this research involves participants from LMICs, low resource environments and/or previous or continued colonized nations, it is important that as authors we acknowledge privilege and position and recognise how this impacts on research focus and interpretation. As such, we recognise our privileged position as midwives and midwifery faculty members in a high-resource setting. We are grateful to have worked closely with midwifery faculty across the Asia and Pacific regions, and this has motivated us to ensure the needs and experiences of midwifery faculty in LMICs are shared through research and broad dissemination of findings.

Findings

One hundred and thirty-one midwifery faculty completed the survey. The characteristics of the respondents are presented in Table 5.1. As expected and due to the global gender-balance in the profession of midwifery, the vast majority (97%) of respondents identified as female. Due to a general expectation that educators in midwifery would spend time in building skills, knowledge, and competence in professional practice before joining faculty, more than two-thirds (68%) were over 41 years of age. Three-quarters of respondents (75%) reported more than five-years' experience as a faculty member. There was reasonable geographical spread over the targeted regions with just over two-thirds coming from the Asia region and just under one-third from the Pacific (including Papua New Guinea) region. Whilst Papua NG is not classified as a Pacific Island, it sits on the Pacific rim so is included in the Pacific region here.

Table 5.1: Respondents' characteristics

Characteristics (n= 131)	***n=***	***%***
Identified Gender		
Female	127	96.9
Male	4	3.1
Age Ranges*		
Under 30	7	5.3
31-40	35	26.7
41-50	55	42.0
51-60	29	22.1
Over 61	5	3.8
Years as Faculty*		
Less than 1 year	5	3.8
1-5 years	25	19.1
6-10 years	30	22.9
11-15 years	29	22.1
More than 15 years	40	30.5
Did not answer	2	1.5
Geographic Region **		
Pacific (Fiji, Kiribati, Marshall Islands, Samoa, Solomon Islands, Tonga, Vanuatu and including Papua New Guinea)	36	28.0

Characteristics (n= 131)	***n=***	***%***
Asia (Afghanistan, Bangladesh, Bhutan, Cambodia, China, India, Indonesia, Iran, Lao PDR, Maldives, Myanmar, Nepal, Pakistan, Philippines, Timor Leste)	92	70.0
Did not answer	3	2.0

* Rounding means the totals may not exactly equal 100.00%

**United Nations Fund for Population Advancement (UNFPA) defined regional grouping

Faculty capacity strengthening

Using a five-point answer Likert scale from strongly agree to strongly disagree, respondents were asked to rate identified areas of faculty practice where they would like the opportunity to strengthen their capacity (Figure 5.1.). The responses were analysed by combining positive (Strongly Agree/Agree) and negative (Strongly Disagree/Disagree) answers. Overwhelmingly, in all aspects of identified faculty practice, respondents indicated the need for capacity strengthening or development. The top two identified areas for faculty development, both with 96% of positive responses were teaching using simulation, and capacity building to support the conduct of research. The two least requested areas for development were online and face-to-face teaching, however positive responses to these areas were still high at 87% and 90% respectively.

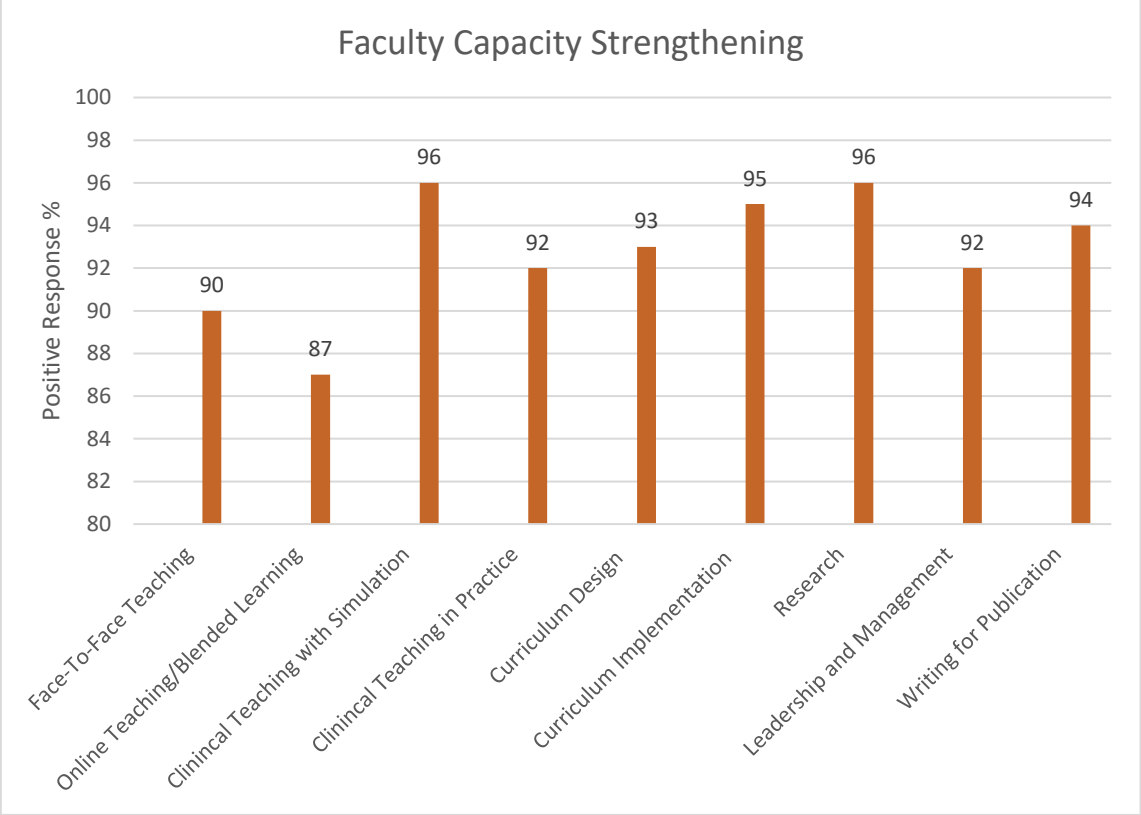
In addition to the aspects of faculty practice listed in the survey questions, the free-text comments associated with faculty capacity strengthening identified several other aspects of expected faculty practice. Respondents identified the need for strengthening capacity in counselling and pastoral care for students. One respondent explained:

> *… we provide counselling for our students since we are the first contact person for the students, but we lack counselling knowledge…* (Respondent 30)

Coaching or mentoring was also identified as an area for development. Additionally, capacity strengthening in technological advances such as learning management platforms and implications of artificial intelligence (AI) on faculty practice was also a concern for some, with one responder stating:

> *….As Artificial Intelligence will coming [sic] to the faculty needs, I would like to strengthen my capacity in [using] Artificial Intelligence….* (Respondent 52)

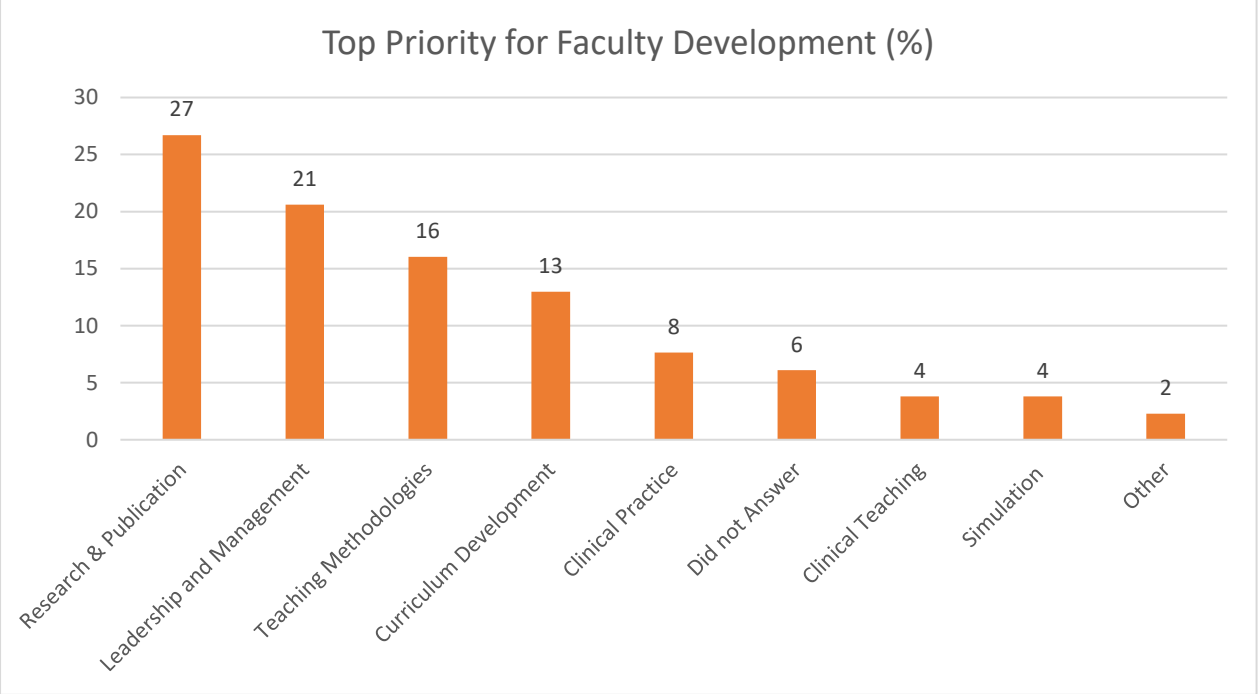
Figure 5.1: Faculty capacity strengthening



Respondents were asked to rank, in order of time spent in their work as a faculty member, the identified areas of faculty practice. The most common activity was face-to-face teaching, and the least time was spent in research activities and writing for publication. Respondents identified the top three activities that consumed most of their time as being face-to-face and online teaching, and clinical teaching using simulation. The least amount of faculty time was spent on writing for publication, program management and institutional leadership.

Following rating and ranking faculty development or capacity strengthening, survey responders were asked, using free text, to list their top three areas/topics they would like to strengthen to assist them in their faculty role. The free form text responses were broadly themed. The broad themes were not dissimilar to the activities listed in Figure 5.1. and priority for development is presented in Figure 5.2.

Figure 5.1: Priority for faculty development



The least common faculty activity, research and publication, was identified as the top priority for development. This was followed closely by leadership and management development, and then the more traditional faculty role activities of teaching methodologies and curriculum development.

Clinical practice

Clinical practice development was requested as a form of faculty development. Respondents were asked if they were currently working in clinical practice and to indicate when they last worked in clinical practice. Just under half of respondents (49%) indicated that were not currently in clinical practice. Forty-two percent indicated they were current in clinical practice with nine percent not answering the question. However, of the 42% who indicated they were current in clinical practice, almost a third stated they had not worked clinically in the past 12 months. When asked to choose when they last worked in clinical practice, just over 60% indicated they had not worked in practice within the past 12 months. When asked to prioritise development needs, many faculty listed clinical skills as a priority for development, with one stating:

> *…I would like to attend a refresher course on EMOC to upgrade my midwifery skills and knowledge…* (Respondent 35)

Another respondent, identified the need to identify ways to allow faculty to spend time in the clinical environment through their response to the final survey question asking them to provide any further comment on their needs for developing and strengthening their work as midwifery faculty:

> *…How manage [sic] time for clinical practice?* (Respondent 128)

Faculty development mode of delivery

When asked the preferred mode of delivery for programs of faculty development, with options being online only, face-to-face only, blended with majority online or blended with majority face-to-face, respondents identified the blended approach that delivers mostly online with limited face-to-face learning opportunities as most popular. One respondent justified the response by commenting:

> *….Hybrid [Blended] modules is much more effective because not every one of us are [sic] good in online sessions, but when it comes to face to face the interactions motivates learning and therefore, hybrid is good for active participation and concentration….* (Respondent 30)

The next preferred mode was also blended but with a focus on face-to-face, supported with limited online learning opportunities. Overall, face-to-face delivery option only was the least favoured mode, however, when it was the respondent's preferred mode, it was often chosen due to internet connectivity problems, as described here

> *… We have problems and challenges of online, technical, and electrical issues for online education…* (Respondent 68)

However, Asia region respondents were more likely than Pacific to rank online only as favoured delivery (25 vs 17%) and Pacific respondents were more likely to rank face-to-face only higher than Asia participants (28 vs 20%).

Discussion

This study investigated the development needs of midwifery faculty in LMICs of the Asia and Pacific Regions. Our LNA survey aimed to not only identify perceived development needs, but to identify which area of development was considered high priority for faculty, and what mode of delivery for programs of development was preferred. Focussing faculty development program content on identified needs and priorities is important in every setting but becomes crucial in resource-limited educational environments of LMICs. Research results will be used to inform future design and delivery of programs of faculty development and global guidelines for midwifery faculty development.

Despite widespread recognition of the importance of learning needs assessments in the design and delivery of educational and development programs (Al-Ismail et al., 2023; Behar-Horenstein et al., 2014; Fallis et al., 2022; Muirhead et al., 2021) currently, in LMICs across the region and globally,

intended participants have little or no input into program development (Keiller et al., 2022; Smith, Gray, et al., 2023). Commonly, faculty development programs designed for high-income settings are delivered in other settings without regard for identified needs or priorities, and in some cases with little consideration of culture or context settings (Friedman et al., 2014; Keiller et al., 2022). Individual, institutional, or country needs are often not considered and pre-existing programs are applied in contexts they were not designed or developed for (Evans et al., 2013; Koto-Shimada et al., 2016; Ndayisenga et al., 2020). This creates an opportunistic, rather than targeted approach to faculty development and is often associated with international aid activities that deliver time-bound programs and fail to provide the longer term support required for meaningful change (Burns & Lawrie, 2015). When programs of professional development are based on identified need, sustainable change and development is more likely (Steinert, 2014b; Steinert et al., 2016).

Historically, programs of faculty development in the health professions primarily focussed on learning and teaching methods and educational development, as faculty were generally expert clinicians who lacked experience or qualifications in education (Haas et al., 2023; Samarasekera et al., 2020; Steinert, 2014b). Additionally, teaching and learning approaches and practices were considered the mainstay of the role of a faculty member. Whilst our LNA survey results indicate learning and teaching activities remain a key role of faculty, contemporary faculty members are expected to function in a number of other roles. Contemporary faculty roles include scholarly activities such as research and grant acquisition, institutional leadership and management, and program design and implementation (Haas et al., 2023; Samarasekera et al., 2020; Steinert, 2011, 2014b). In high-income higher education settings the expectation of scholarly excellence through leadership, research and publication has increased over the last few decades (Altbach & Salmi, 2011) and this expectation is now becoming more common in low- and middle-income settings and this is driving the need for development that addresses all expected faculty roles (Jeyaraj et al., 2021). This expectation of fulfilling the broader role of faculty was evident in our survey results, with the top priority for development being identified as conduct of research and associated writing for publication.

As identified in our survey and more broadly, research and peer-reviewed publications are linked to funding and promotion in the higher education systems, and this is the case in all-resource settings (Huenneke et al., 2017). However, historically faculty development programs have focussed on the more educational aspects of the role. As such, although there is an increasing expectation of conduct of research and associated publications, there is little development offered in this area. Furthermore, the relatively recent move of midwifery education program delivery from vocational education in schools of nursing and midwifery to the higher education university settings in LMICs

has resulted in a lack of development in the aspects of faculty roles in higher-education settings in LMICs (Neal, Nove, et al., 2023). In high-income settings, faculty usually access research training through supported research degrees, but this is not the case in many LMIC settings.

Compounding the issue of access to development opportunities in research training in LMICs, is the issue of midwifery, and therefore midwifery faculty, as a gendered profession. This plays out clearly in our survey with almost 97% of respondents identifying as female. Faculty responding to the survey face barriers for research development and publishing because of their limited access to development opportunities, location in LMICs, their identified gender, the profession in which they work, and the population they serve (Likis & King, 2020). The impact of the 'gender trifecta' of majority female faculty working in a majority female profession providing care for a majority female population (Lundine et al., 2018) contributes to ongoing inequitable access to development and recognition of the midwifery profession as a whole (Association of Ontario Midwives, 2023).

Our needs assessment survey demonstrated requests for capacity strengthening in all identified faculty roles was strong. Likert scale positive responses ranged from 87% positive response rate in identifying the need for capacity strengthening in online or blended learning, through to 96% positive responses for capacity strengthening in clinical teaching using simulation and, in research. Although increasingly popular in high-resource education settings, scaling up the use of learning through simulation in LMICs is hindered by lack of functional simulation equipment, lack of funding for consumables used in simulated clinical activities, lack of simulation learning spaces, and a lack of faculty development on the use of simulation (Baayd et al., 2023; Puri et al., 2017). These identified barriers may contribute to a lack of ability to implement simulated learning activities (Bogren et al., 2020) and resulted in the high identified need in our survey for development in this aspect of midwifery education. The slightly lower positive response rate for capacity strengthening in online or blended learning may be due to similar systemic barriers such as poor connectivity, lack of access to technology, and in particular, the resource-limited healthcare and education environments of LMICs (Ladur et al., 2023). Alternately, the slightly lower identified need could be due to the recent experience of rapid implementation or scale-up of blended learning during the Covid-19 pandemic (Imran et al., 2023).

Following repeated calls in global research and reports for urgent investment in leadership capacity in the midwifery profession it is not surprising that the midwifery faculty in our survey prioritised leadership and management development above the more traditional roles of a faculty member (Griffin et al., 2023; UNFPA, 2018; UNFPA et al., 2021; World Health Organization, 2019, 2021). Recently, some midwifery faculty development programs have provided development in leadership

and management (Bogren et al., 2017; Erlandsson et al., 2017; van Wyk et al., 2020). Capacity strengthening in leadership and management is seen as being crucial in overcoming challenges face by faculty in LMICs. Integrating leadership and management into development programs reportedly led to increased managerial responsibilities and expanded opportunities for leadership roles (Goodman et al., 2018; van Wyk et al., 2020).

Limitations

Limitations of the study include the wide variation of faculty practice across the countries of the regions included. However, we had representation from 23 countries across the region which may help in identifying broad areas of need from a regional and/or global perspective. In addition, although we had good representation from many countries across the region, due to resource constraints, the survey was only available in the English language, so responders were required to have proficiency in English to complete the survey. This will have limited participation for many.

A further consideration is the pre-existing relationship the research team and some survey responders have, or may have had, due to faculty development work in the region. However, these relationships may have also contributed to the engagement in the survey and the trust required to identify areas of faculty practice that require strengthening.

Conclusion

Identifying and addressing the development needs of midwifery faculty is a vital step in strengthening quality midwifery education and care provision in all resource settings. However, programs of faculty development are often not informed by faculty needs, and in LMICs are either not accessible or not context-specific. Our survey provides insight into the learning and development needs of midwifery faculty in LMICs of the Asia and Pacific regions and identified a high need for development in all faculty roles. Faculty identified and prioritised a need for development in undertaking research and writing for publication, as there is an increasing expectation that these activities form part of contemporary faculty practice. Contemporary faculty members are also expected to function in many other roles, including institutional leadership and management, and program design and implementation. As such, programs of development need to be accessible, consider resource context, and be designed to address the development of all roles expected of midwifery faculty.

Summary and introduction to Chapter 6

This chapter presents the faculty learning needs assessment survey and addresses the research objectives of identifying the development needs of midwifery faculty and exploring the demand for,

access to, and provision of faculty development in LMICs of the Asia Pacific regions. Findings from this survey will contribute to the overall research aim of the development of an evidence-informed framework for strengthening midwifery faculty development

The next chapter builds on the survey findings presented in this chapter. Chapter 6 replicates the third peer-reviewed publication from my PhD research. The manuscript presents and discusses the reflective thematic analysis from semi-structured interviews with faculty. The interviews and manuscript address key research objectives, including the exploration of pathways to faculty practice and the identification of faculty's transitional and development support needs. In addition, the interviews addressed a further research objective of identifying barriers and enablers to continuing clinical practice.

Chapter 6: Pathways, development needs, and clinical connections for midwifery faculty in low- and middle-income settings of the Asia Pacific region: a qualitative study

Introduction

Despite calls for a focus on midwifery faculty to strengthen midwifery education and quality of midwifery care provision, little is known about available or ideal pathways to faculty practice. Traditionally, an expert midwifery clinician would transition to teaching with minimal preparation and/or support for developing expected competencies of academic practice. It is broadly recognised that an expert health professional clinician does not necessarily make an effective teacher.

Pathways and support for transition from clinical to academic practice and research regarding the pathways and support are primarily from high-income settings. In high-income settings, the educational institution would usually provide and support access to programs of faculty development. This is rarely the case in low-resource settings. Little formal faculty development is provided.

This chapter addresses the research objectives of exploring pathways from midwifery clinical practice to faculty practice and continues to identify the development needs and support faculty members require. In addition, the barriers and enablers that faculty members experience in meeting the expectation of continued clinical competence.

Publication details

Smith, R., Gray, J., & Homer, C. (2025). Pathways, development needs, and clinical connections for midwifery faculty in low- and middle-income settings of the Asia Pacific region: A qualitative study. Women and Birth, 38(1), 101841. https://doi.org/10.1016/j.wombi.2024.101841

Abstract

Introduction

The development and strengthening of midwifery education requires a focus on midwifery faculty as an important strategy to improve quality of care provision. Despite the need for high-quality midwifery educators in all-countries, preparation and development of faculty is challenging, particularly in LMICs.

Aim

The aim was to explore the experiences of midwifery faculty in LMICs in the Asia Pacific region regarding their pathway to being a faculty member, programs of development and/or factors that supported their transition to faculty. We also aimed to identify barriers and enablers to continued clinical practice.

Methods

A qualitative exploratory design applying reflexive thematic analysis was used. We undertook 17 semi-structured interviews with midwifery faculty from LMICs in the Asia Pacific region.

Findings

Key themes were 1) drawing on professional determination and personal passion, 2) transitioning from clinical to academia is challenging, 3) meeting diverse role expectations, 4) needing orientation, mentorship and training, and 5) maintaining clinical skills.

Conclusion

Identifying supportive pathways for midwifery faculty, including transitional support and ongoing development, is crucial in providing quality midwifery education. Provision of early and sustained development and support is required to ensure professional identity is developed alongside the ability to function in the diverse roles expected of midwifery faculty.

Statement of significance

Problem

Despite the identified need for high-quality midwifery faculty, little is known about career pathways to faculty practice, transitional experiences, or the development needs of midwifery faculty in LMICs.

What is known

Midwifery faculty have identified a high need for development in the diverse roles expected of a faculty member. Where development opportunities are available for faculty in LMICs, they are often not based on identified need, and largely focus on teaching and learning aspects of the faculty role.

What this paper adds

This paper identifies the need for provision of early and sustained development opportunities and support to ensure professional identity is developed alongside the ability to function in the diverse roles expected of midwifery faculty. The paper highlights a need for formalising a program of support to address some of the transitional challenges experienced by midwifery faculty in LMICs.

Introduction

High level evidence supports midwives as key to attaining universal health coverage and to improving sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) outcomes (UNFPA et al., 2021; World Health Organization, 2021). The development and strengthening of midwifery education requires a focus on midwifery faculty as an important strategy to improve the quality of care provided by maternity health professionals and in turn, to reduce maternal and newborn mortality and morbidity (Renfrew et al., 2014; ten Hoope-Bender et al., 2014; West et al., 2016). Depending on context of practice, midwifery faculty are also referred to as midwifery academics and/or educators. To ensure development and continued strengthening of midwifery education, consideration needs to be given to identifying and implementing educational career pathways and continued development opportunities for midwifery faculty that values the contribution high-quality education and educators make to improving health outcomes.

Despite the identified need for high-quality midwifery educators in all-resource settings, preparation and development of faculty faces significant challenges, particularly in low-resource settings. There is a lack of research on pathways to faculty practice for midwives, with most studies focusing on the experiences of nurses and only sometimes including midwives (Ebert et al., 2020; Gray et al., 2023). Where research on pathways to academia for health professionals is available, all the studies are set in high-income countries, where systems and pathways may differ from low- and middle-income settings (Gray et al., 2023). However, some research does identify some of the challenges faculty in LMICs experience including limited supportive pathways for maintaining clinical practice (van Wyk et al., 2020); inadequate provision of, or access to, professional development opportunities (Behar-Horenstein et al., 2019); and, a lack of knowledge on how to address the educational and support needs of the faculty (Smith, Gray, et al., 2023).

Traditionally, pathways to faculty appointments in schools or universities for health professions, including midwifery, involved a progression from clinical expert to teacher (Booth et al., 2016; Gray et al., 2023). Unfortunately, little preparation or support is offered to those who transition from clinical to faculty practice, and there is rarely any pedological or scholarly development prior to commencing in the role. Furthermore, an expert clinician does not necessarily make an expert or any level teacher, let alone a leader, researcher, and educational designer (Behar-Horenstein et al., 2019; Gray et al., 2024; Muirhead et al., 2021; Smith et al., 2024) all qualities required of health professions faculty members. Increasingly, role expectation of faculty is expanding to include a focus on leadership, management, and scholarly activities such as research, grant acquisition and publications (van Dijk et al., 2020). Many health professionals' faculty struggle with role identity and the

conflicting expectations of the multiple roles they are expected to fulfil (Fowler et al., 2017; Freitas Junior et al., 2021; Smith et al., 2024).

The latest State of the World's Midwifery Report identified a global shortage of midwives (UNFPA et al., 2021) and this was most evident in LMICs. A shortage of midwives in general may lead to a shortage of potential faculty members. There are repeated calls from global organisations such as the United Nations (UN) and the World Health Organization (WHO) for urgent investment in midwifery education, including the vital need to grow the midwifery faculty in LMICs (Sidebotham & Cooper, 2023; West et al., 2016; World Health Organization, 2019). Most research on transitioning from being a clinical midwife to being a faculty member is in high-income countries (Ebert et al., 2020; Foster, 2018; Gray et al., 2023). Very little evidence exists that explores pathways to faculty practice or continued support for faculty development in LMICs. This is despite global reports calling for a focus on faculty as a means for strengthening midwifery education and improving quality of care and maternal and newborn outcomes (UNFPA et al., 2021; World Health Organization, 2019, 2021).

Professional standards that support midwifery education and educators, also call for well-prepared faculty who have formal preparation in education, demonstrated currency and competence in midwifery practice, and who understand effective learning and teaching strategies that facilitate the development of professional competence in midwifery practice(International Confederation of Midwives (ICM), 2021). The WHO and the International Confederation of Midwives (ICM) clearly set out an expectation of continued clinical competence for midwifery educators (International Confederation of Midwives (ICM), 2021; World Health Organization, 2019). Unfortunately, in both high- and low-resource settings there are a lack of supported pathways to academia, and minimal support for faculty to maintain competence in professional practice, even though this is an expectation of midwifery educator and faculty standards (WHO et al., 2019; World Health Organization, 2016).

The aim of this paper was to explore the experiences of midwifery faculty in LMICs in the Asia Pacific region regarding their pathway to being a faculty member, whether any programs of development where available or accessible, and if no program of development was available, what factors would have supported them in their transition to faculty. In addition, we aimed to determine if midwifery faculty were able to remain connected to clinical practice and explore associated enablers and barriers to continued clinical practice. This study is part of a larger program of research that is focussed on midwifery faculty development in the Asia-Pacific region.

Method

Design

A qualitative exploratory design using reflexive thematic analysis (Braun & Clarke, 2019) allowed for exploration of pathways to faculty practice and continued connection to clinical to gain a broad understanding of faculty experiences, as little is known or reported on the experiences of midwifery faculty in LMIC settings.

A constructivist approach was used to support a focus on both understanding participants experiences and, to address and value, researcher influence on the data. Data were inductively open coded with both semantic and latent code generation supporting the development of themes that address the study aim of exploring the experiences of midwifery faculty. The constructivist approach allowed for investigation of understudied experiences of midwifery faculty in low-resource settings. In order to promote methodological coherence, the paper has been structured using Braun and Clark's newly developed Reflexive Thematic Analysis Reporting Guidelines (RTARG) (Braun & Clarke, 2024)

Positionality

As this research involved participants from LMICs, low resource environments and/or previous or continued colonized nations, it was important that as authors we acknowledged our privilege and position and recognise how this impacts on research focus, data collection, interpretation and presentation of findings. As such, we recognise our privileged position as midwives, midwifery faculty members and researchers from a high-resource setting and the impact this had on the analysis and interpretation of data. We understand that no interpretation is free from bias and acknowledge that our disciplinary, theoretical and personal assumptions both shaped and constrained data analysis. We also recognise Western-centric research paradigms present challenges in taking a more inclusive approach to the generation of new knowledge. Research program emphasis on requirements such as leading research, being first author on publications, producing a thesis that is largely an individual document, and candidature time restrictions all present barriers to widening participation and inclusion. We acknowledge we need to continually reflect on our processes and practices and do better in our commitment to decolonizing our research. We are grateful to work closely with a community of practice of midwifery faculty across the Asia and Pacific regions, and this motivates us to ensure the needs, experiences, voices and stories of midwifery faculty in LMICs are shared through research and broad dissemination of findings.

Participants

Seventeen midwifery faculty from 10 LMICs in the Asia Pacific region were interviewed. The Asia Pacific region was selected due to the authors current strengthening midwifery education work in the region and to support study feasibility. Criteria for participation included proficiency in spoken English and active involvement in the provision of pre-service midwifery education programs in the Asia Pacific Region. Participants came from Bangladesh, Bhutan, Cambodia, Fiji, Pakistan, Philippines, Papua New Guinea, Samoa, Sri Lanka and Tonga. All participants identified as female, and years of faculty experience ranged from 18 months to 36 years. Due to small numbers of faculty in some countries, a table is not included as this may identify individual participants.

Dataset generation (Data collection)

Purposive sampling was used to recruit participants. An online survey with midwifery faculty in LMICs of the Asia Pacific regions preceded this phase of our program of research. Midwives who completed the survey were asked to indicate their interest in being contacted regarding interview participation. Survey respondents who indicated an interest and provided an email address were contacted. The participant information sheet was shared at this initial contact, and interviews were arranged with those who responded positively to the email contact.

Data were collected through individual semi-structured online interviews by the primary researcher (RS) see Box 6.1. for guiding questions. Guiding questions directly relate to the aims of the study regarding supportive pathways to faculty practice and a broader program of research aimed at exploring experiences of midwifery faculty in LMICs in Asia and Pacific regions. Guiding questions were piloted internally with midwifery faculty from, or with experience in, LMIC settings. Due to resource limitations translation was not available, so all interviews were conducted in English. Participants were given the option of an alternate interviewer (CH or JG) but none took this option. The offer of an alternate interviewer was included due to pre-existing relationships of some participants with the primary researcher. Audio-recorded interviews lasting between 25-40 minutes were conducted through the Zoom™ platform. Audio recordings were professionally transcribed, assigned a participant number and de-identified. Files were secured in password-protected folders and only available to the research team.

Box 6.1. Semi-structured interview question guide

Semi-structured question guide

- Tell me how you moved from your clinical role to your faculty role?
- Was there a pathway or any direction and support for your transition (move) from clinical role to faculty role?
- What is your understanding of the role of a midwifery faculty member?
- What initial support or development would have been beneficial for you as you moved from clinical practice into faculty practice?
    - Prompt – Has any of this been available to you? If so, what?
- What are the challenges in moving from being a clinician into the role of faculty?
- If you could describe a supported pathway from clinician to faculty – what would that look like for you?
- How long have you been in your current faculty role?
- After you graduated from your midwifery training, how long did you spend working in the clinical environment?
- Please tell me about your current role as a faculty member?
- Does part of your faculty role include clinical practice?
- Tell me about your current midwifery clinical practice?
- Are you supported to undertake practice as part of your faculty role?
- What challenges, if any, do you face in trying to maintain a clinical aspect to your role?
- What supports you to maintain your connection to midwifery practice?
- Do you think as a faculty member, maintenance of clinical competence is important – and why?

Data analysis

Braun and Clarke's six phase process of reflexive thematic analysis was employed as it provides a flexible and organic approach to analysis (Braun & Clarke, 2022). An inductive approach was used, where themes are generated directly from the data, and not driven by a priori or pre-existing theoretical underpinning applied during analysis (Braun & Clarke, 2022). Given that little is known about experiences of faculty from LMICs this inductive process to produce largely semantic themes provided an exploration of participants' experiences. Reflexive thematic analysis does not employ the practice of seeking data saturation as an endpoint to data collection and analysis, but seeks to collect quality data that addresses the aim of the research (Braun & Clarke, 2019).

The six phase process involved data familiarisation through listening, reading and re-reading, note-taking and journaling/reflection; initial code generation through labelling and grouping data; initial theme generation through sorting codes to themes, identifying or assigning meaning and relationships; reviewing themes to further identify patterns supported by the data; defining and refining themes to create a story from the data that responded to the research aim; and, finally report production (Braun & Clarke, 2022). As primary researcher and PhD candidate (RS) the first

author undertook the first three phases individually with other authors (JG, CH) supporting the final phases of pattern identification, defining and refining themes, and generation of the story in the data.

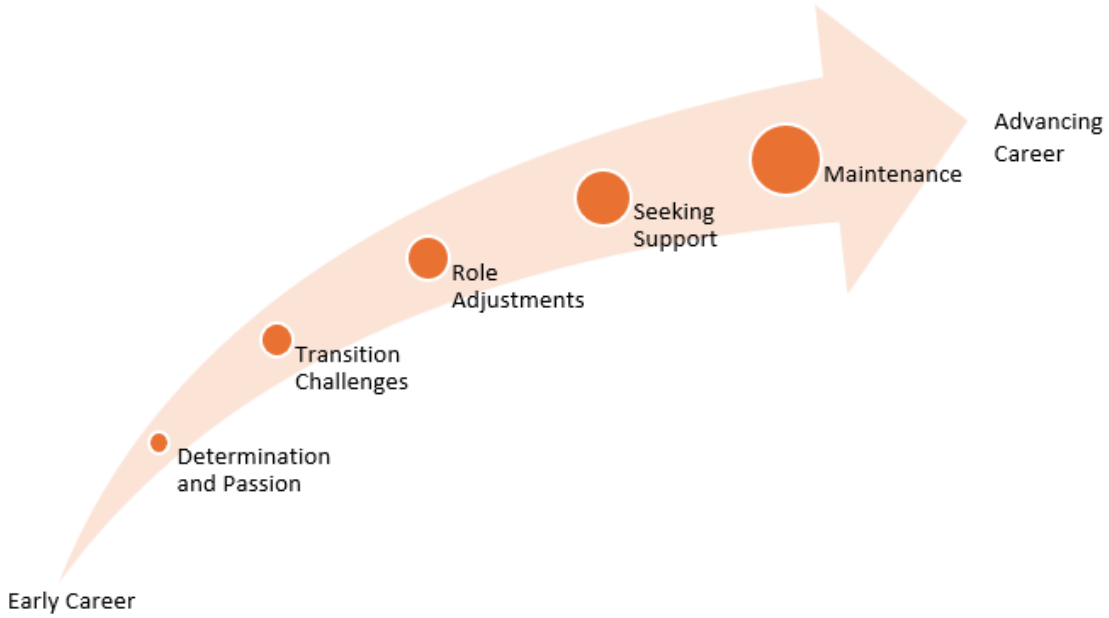
Braun and Clarke describe reflexive thematic analysis as a form of analysis that values subjectivity through a researcher who is situated in the research and applies a questioning approach to the research (Braun & Clarke, 2022). Being reflexive involved taking a critical approach to the role of researcher through development of a narrative autobiography (Olmos-Vega et al., 2023) during the research design phase, and through memo making and journaling during data generation and analysis phases (Birks et al., 2008). Memo making during interviews helped capture participant gestures and expression or emphasis on topics being discussed. Recordings were repeatedly listened to, and further notetaking supported the ability to determine emphasis and the passion or importance the participant was conveying

Findings

Seventeen midwifery faculty from LMICs in the Asia Pacific Region participated in semi-structured interviews between November 2023 and February 2024. Analysis focussed on the research aims of identifying pathways to faculty practice, faculty development opportunities and needs, and the ability of faculty to maintain clinical competence and connection. Five themes were constructed from the data. An overview of the themes is presented in Image 6.1. and further summarised in Image 6.2. where the upward direction indicates pathways and development over time. An example of theme construction is provided in Box 6.2.

Image 6.1. Themes

Image 6.2. Pathways and development over time



Drawing on professional determination and personal passion

When considering their career pathway from clinical to faculty practice, participants spoke about their determination to succeed in becoming an educator despite the lack of a clear pathway or provision of support. One spoke of her determination to progress her career through a willingness to work hard as an educator:

> *I am now determined … that time I am really determined that I want to progress as a faculty member and later on be a Dean of the midwifery program, so that determination paved the way or paved the way for me to strive harder as an educator (P12)*

This determination to progress through professional and personal planning or vision was evident in the way the personal paths to becoming an educator were described. Participants reported having a clear career plan and explained the different ways they worked to make their plan work. This often-involved hard work, but also involved taking on extra work responsibilities and volunteering their time. For example:

> *… that's kind of my formal, formal plan as a clinical midwife pursuing into academia, but informally I find myself doing kind of extra responsibility, so to speak, in a clinical setting where I initiate refresher training, and also volunteering (P1)*

> *… but I did not lose hope. I just worked hard. I just improved my own knowledge too much. I just want to say that I worked a lot. I worked a lot for that to make myself at that level (P4)*

There was a drive and a passion to succeed even when formal support was lacking. Many overcame the lack of support through personal persistence and undertaking activities and qualifications, where available, to improve their chances for progression. Only a small number of participants were able to access formal preparations for faculty practice:

> *I think I already had the passion, number one. I was able to articulate, you know, get my message across clearly, and before I came in 2006, I had already done my certificate in tertiary teaching, diploma in tertiary teaching (P8)*

One participant explained it was personal drive and not formal support or qualifications that helped them succeed:

> *No, no guided program or initiatives, but it's just from my exposure to this and networking with this and my career pathway plan that has, you know, driven me to be where I am now (P1)*

One participant explained the conundrum of an expectation of a level of qualification for faculty but no support to undertake the qualification:

> *… they said you have to have a Master's paper [degree] to be in the classroom to teach, and I haven't had my Master's paper, just a Bachelor and a Postgraduate Diploma in Public Health. I applied for Master's in Philosophy program in the school, but they said because of the shortage of staff, I cannot do it as there's no one to replace me at the moment (P2)*

In summary, participants had a clear plan to work towards a career in midwifery education but limited support on their pathway to academic practice. They identified a need to work hard and were driven by a passion for teaching and sharing knowledge and for many, personal determination is what enabled them to successfully move from clinical to faculty practice.

Box 6.2. Theme construction example

Theme	Codes	Data excerpts
Drawing on professional determination and personal passion	**Career Planning** **Pathways** **Pathway qualifications** **Interest in Education** **Volunteer work to progress** **Servitude** **Sharing knowledge** **Passion**	• *I have a clear career pathway that I set for myself* • *but informally I find myself doing kind of extra responsibility, so to speak, in a clinical setting where I initiate refresher training and also volunteering* • *So, there's no formal kind of arrangement or program to support* • *I am now determined … that time I am really determined that I want to progress as a faculty member* • *my career pathway plan that has, you know, driven me to be where I am now* • *but with the personal perseverance, personal determination can help you to jump to the top very easily and quickly, I believe.* • *my ambition was to become a faculty or a teacher.* • *I think I already had the passion, number one. teaching* • *I want to share what I know. I want to share to our students and develop their skills as professional health worker* • *I feel like passing knowledge is better than doing things by yourself* • *So, my passion to build other midwives or nurses, that's where my interest to be an academic came about* • *So, I realised because it was my passion for the teaching.* • *my passion was in maternity, my passion for teaching.* • *somehow my heart is, it's like something in my heart that this is my goal.* • *I can still provide them my service for the benefit of midwifery education.*

Transitioning from clinical to academia is challenging

Once participants were successful in commencing in faculty practice, the transition from clinical midwifery practice to midwifery faculty was challenging and a steep learning curve. One participant described the feeling like falling off a cliff:

> *I can describe it that way, that you fall down first into the cliff and then you have to find, to climb up, it's not easy to climb up (P14)*

This feeling of uncertainty and challenge was common among participants. Some spoke about being thrown into the deep-end and expected to just get on with the work expected of a faculty member, even when they did not know or understand the kind of work expected of them. There was also a lack of support for the transition from being a clinical expert to being a new faculty member. Participants described the following situations:

> *Learning about curriculum was the main thing, you know. As a clinician, you know, coming in as a clinician, you don't know what the curriculum was (P11)*

> *I went there and as soon as they said, "You will coordinate a program," the first thing was like, so what is in the coordination thing that I need to know (P14)*

They recognised that being an expert clinician does not necessarily make a good teacher, particularly when no support is available during the transition to faculty practice and accompanying need for professional identity development. One participant explained the transition like this:

> *the world of expertise and experience we build in the clinical, it's totally different from the academic setting. So, my transition in the first semester, I think the first six months, was very challenging (P1)*

Another explained the transition like this:

> *….they just brought us from the clinical and the expectation was that we should just bring our experience and the knowledge that we gain and to teach it (P11)*

However, some identified certain aspects that eased their transition, like having a supportive Dean or other expert faculty member providing direction. This example showed the positive difference a champion, like a Dean, could make:

> *Nothing was provided. I just made it by myself, but at academic side, our dean, when I was working as lecturer for this first time at academic side, our dean was very good. She taught us many things (P4)*

Others described the need for persistence and mental strength during the transition from clinician to faculty member and the need to embrace and accept the challenge and new identity. This participant explains the need for acceptance of the new role:

> *…my mental preparation to take the challenge of transiting into the new role, that would be a strength to really ponder because unless you're prepared mentally to accept what's ahead, it's going to be really challenging (P1)*

Overall, the transition from clinical practice to academia was challenging, requiring significant mental preparation and learning on the job. A recognition that clinical expertise does not automatically translate into teaching proficiency was also evident.

Meeting diverse role expectations

Participants discussed many of the varied roles expected of midwifery faculty and how managing the roles was difficult. For example, some of the roles were explained as:

> *They [faculty] lecture, they prepare notes, and then they go to the simulation lab, teach them there, then they take them to the clinical. So, it's like too much overload and also they have to prepare module, module courses and resources. It's a lot on lecturers (P7)*

> *…they [providers of a leadership development course] talk about the leadership. They talk about the policy. They also talk about how to participate in the policy and the decision making, and also you lobby with the politicians, it's a lot of things (P10)*

There were also challenges in meeting additional role expectation such as research outputs, while still trying to manage requirements around the more recognised faculty role of teaching and learning. This participant captures this well:

> *For us, research should be a 25% part of our work and we get appraised at the end of the year on this, yeah, and this also is one of our weakest, I would say, our weakest links in terms of [role expectations] because I believe we simply don't have the time. Most of the time, we are so engrossed with teaching and teaching. For research, you have to take time (P11)*

Managing activities like teaching, clinical supervision, program management, committee participation, curriculum development, and liaising with stakeholders while addressing staffing and resource shortages poses significant challenges for new faculty members.

Needing orientation, mentorship and training

The need for initial orientation and ongoing support was commonly discussed, as explained in these quotes:

> *Transitional orientation kind of program is an essential thing to have in place, which I see I haven't had that opportunity here. So, that's one thing that contributed to my challenge, trying to adapt and orientate myself into academic space (P1)*

> *I wish that I was properly orientated in like doing the handover with the one who took the course, but you know, when I came, it was like just like throwing you to the sea to swim (P9)*

Participants identified the need for mentorship and training with one simply stating:

> *I need mentorship, I need training (P3)*

Many described how they tried to improve their practice despite the lack of formal training. Some described modelling their academic practices on role models they had known in the past. One stated:

> *I was picturing the lecturers at [University in Australia] and the way they taught me. They were my model. I used that to do the same to my students (P14)*

However, some participants were offered some development and described what training was available and how they were able to change their practice following the training:

> *…we are enrolled in the faculty development training [UNFPA Faculty Development Program]. So, it was very much helpful for us, and after completing the FDP, we are easily conducting the teaching methodology with our students, as well as conducting the different teachings (P15)*

Participants reported that when training or development was available, it generally focussed on the teaching and learning aspects of the faculty role and did not include development in the broader roles expected of them as faculty. Those who reported access to development explained that it was offered through the university or teaching institution, but was often not enough as explained here:

> *…taking up this, you know, one subject for the university on teaching skills, at least it's helped me a little bit, yeah, but you know, I'm just still learning and still want to learn more in order to be a good teacher (P2)*

Transitioning from clinical practice to academia without formal education training was challenging, highlighting the need for mentorship, orientation programs, and continuous professional development.

Needing to keep clinical skills

The final theme focussed on the ability of faculty to maintain competence in clinical practice. The importance of maintaining clinical competence was recognised but barriers were identified. The most common barrier was around the lack of supported time to be in the clinical environment.

> *I can't properly provide clinical teaching because teacher faculty, not enough faculty, and all the time working all area, teaching, practical, official. So, I can't able to all the time teaching the student clinically (P16)*

Other barriers identified included lack of access to clinical areas and program organisational challenges that separate out theoretical and clinical teaching responsibilities as described by this participant:

> *I have very minimal clinical visitations with my students because I have our clinical preceptors who take over from me in the clinical attachment of the students (P8)*

Enablers for continued clinical connections included an expectation of clinical practice as part of regulation and re-licensure requirements as explained by this participant:

> *Licencing requires us to fulfil certain criteria. For example, we have a number of births to do in a year and a few other competencies, which links us to clinical. So, there is no way but to be clinically [current](P11)*

Other enablers included collegial relationships between teaching and clinical institutions. Good relationships allowed faculty to be accepted in the clinical environment and the flexibility to work around other role requirements. This participant explains:

> *We just inform the nurse manager or clinical specialist that we are coming there for four hours today… or I'll say, okay, I'll come for eight hours today, but I'll do other four later, another day. Yeah. So, we work closely with them (7)*

Some participants reported teaching simulation skills as an enabler to maintaining clinical practice. This participant explains it this way:

> *As an academic, we're not, you know, exposed to hospital as often as we can because of the program and all this, but what we do have advantage or what we consider as an enabler is our lab simulation (P1)*

In summary, midwifery faculty reported while supervising and assisting students, they refresh their own skills, but the limited clinical practice time poses a barrier to maintaining and updating their clinical competencies.

Discussion

This research sought to understand the experiences of midwifery faculty in LMICs of the Asia and Pacific regions. The key themes focussed on the need for professional determination and personal passion; the process of transitioning from clinician to faculty; the need to understand the diverse roles expected in faculty practice; balancing the support and development needs in these new and changing roles; and, the challenges of maintaining of clinical competence.

Regardless of resource setting, there is a lack of recognised and supportive pathways for health professional clinicians, including midwives, who wish to transition into a faculty role. Although undertaken in LMICs, our findings mirror other studies from high-income settings which identify that the transition from clinician to faculty member is challenging (Gray et al., 2023). Challenges include feeling overwhelmed (Foster, 2018); being unclear on what is expected in the role (Smith & Boyd, 2012); and, resistance to assuming a different professional identity (Ebert et al., 2020). Participants in our study reported being overwhelmed, 'thrown in the deep-end', and left to just 'get on with it'. However, unlike our findings and the findings of others where faculty report feeling unsupported or needing to identify their own support (Smith & Boyd, 2012), one study reported the transition as challenging but that many participants felt well-supported in the transition (Smith & Boyd, 2012). Participants are more likely to feel supported in well-established programs and the majority of identified support came from colleagues and not formal systems(Andrew et al., 2009). Formalising collegial or mentor support for new faculty may help address some of the transitional challenges.

Central to the transitioning and settling in phases for new faculty members is the struggle in realigning professional identity from being an expert clinician to a novice faculty member. Research reporting on the transition from clinical to academia almost always highlights development of a different professional identity as a major challenge (Andrew et al., 2009; Ennals et al., 2016; Gray et al., 2023; Gray et al., 2024; McKendry et al., 2012; van Lankveld et al., 2021). It is also widely recognised that an expert clinician does not necessarily make an expert teacher, researcher, academic leader, curriculum developer or any of the many roles expected of faculty (Crosby, 2000). Participants in our study felt this as well and discussed the need to adapt and reorient to a different role and identity. This changed identity was particularly evident when they were no longer considered a clinical expert, and when access to the clinical setting was a challenge. This loss of one professional identity while trying to form a new identity results in a state of dissonance that often

presents as new faculty experiencing self-doubt or fraudulent as a faculty member alongside losing their practitioner identity (Gray et al., 2023; Smith & Boyd, 2012; Smith, 2010; Wilkinson, 2020). This is often referred to as 'imposter syndrome' and is not only common in health professional faculty members, but also others transitioning from practice-based professions to academia (Beaton, 2022). To combat issues of professional identity and feelings of not belonging, early and sustained development in all roles expected of faculty is essential.

In our study, participants first described their new practice context in education rather than clinical practice, and the need to develop the new skills and knowledge required to function in the role. As they became more confident, they were able to branch out to start to practice and understand the broader aspect of the role and in time, some became the experts. Many identified the usefulness of particular mentors (experts) in helping them to move from novice faculty member to expert faculty community member (Herrera, 2020). In our study, participants described the concepts of Situated Learning Theory (SLT) (Lave & Wenger, 1990) as it applied to them during their development as a faculty member. SLT emphasises the importance of informal and every day interactions as learning opportunities, particularly in the development of expertise in professional practice (Lave & Wenger, 1990; Trowler & Knight, 2000). Participants described the transition from clinical to faculty as moving from expert clinician to novice teacher, with the need to reach out to the expert colleagues and development activities to assist in their move from the periphery or sidelines to becoming an expert in the role. The participants also described the challenges of striving to be a member of the faculty community. Participants reported a reliance on guidance and support from more senior faculty members and often referred to this as learning on the job, or in other words learning being situated in the work they were doing (Booth et al., 2016; Trowler & Knight, 2000).

Many health professionals' faculty struggle with role diversity and identity, and the conflicting expectations of the multiple roles they are expected to fulfil. There are difficulties in developing leadership capabilities (Freitas Junior et al., 2021), undertaking scholarly activities such as research and publication (Smith et al., 2024) and maintaining clinical competence alongside more common expectations of faculty duties such as teaching and assessment (Fowler et al., 2017). Maintenance of clinical competence was seen as important for many of our study participants. Despite the maintenance of clinical competence being a globally recognised standard of midwifery educators (World Health Organization, 2013a), reasons our participants gave for the need to maintain competence were more intrinsic and aligned with what has been identified by other researchers. Intrinsic motivations for maintenance of clinical include the need to maintain professional credibility (Gray et al., 2023), the need to feel effective as a teacher (Lochner et al., 2012), and the need to be valued by students through knowing and being able to teach current practice (Ebert et al., 2020).

External motivators for maintenance of clinical competence included the need to meet regulatory and licensure requirements and international standards (International Confederation of Midwives (ICM), 2021).

Although recognised as important, the ability to maintain clinical competence was varied in our participants. Enabling factors included good relationships with clinicians, shared spaces for teaching and learning, institutional support for access to clinical and as discussed previously regulatory and licensure requirements. Challenges identified by faculty in the maintenance of clinical competence include teaching workload, access to clinical environment, length away from clinical practice, and lack of support from education institutions to release faculty for clinical practice (Fowler et al., 2017; West et al., 2016). Again, much of the literature explaining, informing and supporting faculty clinical practice is from high-income countries and may not be representative of the practice and challenges for faculty in LMICs. However, our participants also reported a lack of time due to workload and support from both educational and clinical institutions to undertake practice.

Strengths and limitations

Due to positionality of all authors as current or previous midwifery faculty members albeit in high resource settings, a strength of this research is the commonality between participants and researchers. Even though the context of experience differs, the evidence discussed in the paper identifies many common experiences in the transition to faculty practice regardless of resource setting. A further strength of the study is that it forms a program of research exploring supportive pathways and development opportunities and needs for faculty in LMICs and when combined will be used to strengthen midwifery faculty development processes and practices globally.

Participants from broad geographical spread and with vast cultural and societal differences could be considered both a strength and a limitation of the research. A strength in that even though the differences are many, commonalities in experiences have proved to be similar. However, differences in systems and opportunities across countries and regions may make it difficult to ensure all different experiences are reported on. Geographical spread and cultural variety also feed into a limitation in research language and the need for participants to be able to be interviewed using the English language. This then limits participation for some. For those who were able to participate, we admire their multi-lingual abilities and have respected this through the verbatim use of quotes so that their voices are evident in this story even where their turn-of-phrase does not fit our limiting publishing conventions.

A further and commonly reported limitation is resource constraints regarding the conduct of the research. The research forms part of a doctoral program and is therefore restrained by finance, by time, and feasibility issues.

Conclusion

Identifying supportive pathways, including transitional support and ongoing development needs of midwifery faculty is key to strengthening the provision of midwifery education. Well-prepared and appropriately supported faculty are more likely to be able to function effectively in all roles expected of contemporary midwifery faculty members. There is a need for provision of early and sustained development and support to ensure professional identity is developed alongside the ability to function in the diverse roles expected of midwifery faculty. This includes preparation and orientation, mentoring and support to remain connected to clinical practice. These issues are important to address to ensure well-prepared and supported faculty deliver high quality midwifery education that produces a competent midwife who contributes to improving maternal and newborn health outcomes and experiences.

Summary and introduction to Chapter 7

This chapter presented and discussed findings from in-depth interviews with midwifery faculty in LMICs of the Asia Pacific region. Strengthening midwifery education relies on identifying and supporting pathways for faculty development. This includes transitional support, early and ongoing professional development, mentoring, and maintaining clinical connections. Well-prepared and supported faculty are better equipped to fulfil their multifaceted roles, fostering high-quality education that produces competent midwives and improves maternal and newborn health outcomes.

The next chapter shifts from the experiences and needs of midwifery faculty in the Asia-Pacific regions to a global perspective on strengthening midwifery faculty development. Chapter 8 presents and discusses processes applied to determine what is needed from a global perspective to strengthen midwifery faculty development. Chapter 7 is presented as a draft manuscript that will be submitted for publication following review and input from co-authors.

Chapter 7: Strengthening midwifery faculty development: a synthesis of the outcomes from a Utstein-style meeting

Introduction

As part of gathering evidence to inform the development of a framework to strengthen midwifery faculty development, my research program included a plan to interview global experts in midwifery education and faculty development. Through the discussion of plans for expert input, an opportunity arose to join the management team and apply for a competitive grant through the Laerdal Foundation. The focus of the grant application was to assemble a group of internationally renowned midwife educators and researchers to examine the evidence and experiences of midwifery faculty in various settings and to agree on an approach to enhancing the standard of midwifery faculty globally. The grant was successful, and we were funded to conduct a Utstein Meeting on strengthening midwifery faculty development.

Utstein meetings, so-called because they are generally conducted at the Utstein Monastery near Stavanger, Norway. Utstein meetings have become synonymous with the development of guidelines for resuscitation, as the first Utstein meeting in 1990 produced the first consensus-based guidelines to support uniform reporting for out-of-hospital cardiac arrests (Task Force of the American Heart Association et al., 1991). More recently, the meetings have expanded to include education and patient safety guidelines (Davies et al., 2021; Otto et al., 2021; Petersen et al., 2024). A full description of the Utstein process is provided in the method section of the following draft manuscript. All Utstein meetings employ a modified nominal group consensus process to establish agreed-upon guidelines or standards.

The Strengthening Midwifery Faculty Development Utstein meeting included two virtual meetings that I was responsible for designing and facilitating. The expert focus group discussions formed a part of the pre-meeting activities. The Utstein process developed the draft ICM Global Standards for Midwifery Faculty Development (International Confederation of Midwives (ICM), 2025a). Following the development of the standards, a global consultation took place, and the standards will be submitted to the International Confederation of Midwives Board of Directors for ratification before being published as global guidance for midwifery faculty development. Although the Global Standards are not considered an output of my PhD, I had considerable input in the planning, acquisition of funding, design, development and refinement process.

This chapter addresses the research objective of identifying key actions and support needed to maintain a strong focus on midwifery faculty and their professional development, reporting on the

expert focus group discussion analysis and process associated with the conduct of the Utstein Meeting.

Publication manuscript draft details

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Abstract

Introduction

Strengthening midwifery education requires a focus on developing midwifery faculty. Strengthening midwifery education by enhancing faculty capacity is a key strategy to improve the quality of care. However, there is a lack of consensus on standards or frameworks that could contribute to strengthening the provision of midwifery faculty development globally.

Aim

To describe the Utstein meeting consensus process and synthesise and discuss findings from the pre-meeting focus group discussions, and summarise the expert consensus on broad categories required for midwifery faculty development program standards

Methods

The Utstein-style modified nominal group technique consensus methodology was used. Identified midwifery education and faculty development experts from diverse global regions participated in focus group discussions and a face-to-face meeting focusing on reaching consensus on strategic action required for the development of midwifery faculty.

Findings

Key components for ensuring a focus on supporting strong midwifery faculty included a need for continued and sustained development through access to programs that support development in all aspects of expected roles and the provision of global standards to allow benchmarking of faculty roles and responsibilities. Global standards to guide midwifery faculty development should include categories addressing leadership, partnership and collaboration, research, learning and teaching, curriculum, resource requirements, and maintenance of clinical competence.

Conclusion

Consensus-designed global standards for midwifery faculty development will enhance education quality by ensuring that faculty are well-prepared and supported in all roles. Aligned with

international guidance and adaptable to diverse contexts, the standards will provide an evidence-informed foundation for the implementation of development programs. Midwifery faculty development is crucial to enhancing both midwifery education and maternal and newborn health outcomes globally.

Statement of significance

Problem

Despite repeated global calls for a focus on the development and support of midwifery faculty as a mechanism for strengthening midwifery education and quality of care, little guidance is available on key components required to support midwifery faculty development.

What is known

Strengthening the capacity of midwifery educators has been identified as critical to improving the quality of midwifery care provision. The provision of high-quality pre-service midwifery education programs depends on having faculty who have been appropriately prepared for, and supported in, educational practice and who maintain clinical competence. Significant challenges exist for midwifery faculty development, including limited access to professional development, inadequate supportive career pathways, and insufficient investment in midwifery faculty development.

What this paper adds

This paper identifies expert consensus on the key components required for a focus on midwifery faculty and faculty development. Findings informed the development of global midwifery faculty development standards that aim to provide guidance and a benchmark for the provision of midwifery faculty development.

Introduction

There is global recognition that the development of faculty who educate midwives is urgently needed. The World Health Organization's (WHO) Strengthening Midwifery Education Action Plan (WHO et al., 2019), and the Global Strategic Directions for Nursing and Midwifery 2021-2025 (World Health Organization, 2021) call for prioritisation of faculty development as a mechanism to ensure the delivery of high-quality midwifery (and nursing) education programs. The most recent State of the World's Midwifery report calls for urgent investment in education, including the development or enhancement of faculty capacity to design, deliver, and evaluate pre-service midwifery education programs (UNFPA et al., 2021). These repetitive and sustained calls underscore the need for a focus on faculty development and the provision of high-level support for the midwifery profession. While faculty development is needed globally, particular emphasis is required in LMICs, as there are

significant differences in the standard of healthcare education and health outcomes compared to high-income countries (Hill et al., 2021). A lack of education opportunities for health professionals and faculty has been identified as a contributing factor to poorer health outcomes, including maternal and newborn health outcomes (Hill et al., 2021; Lassi et al., 2016; Sommers & Rio, 2020; West et al., 2016).

Strengthening the capacity of those who teach midwifery has been identified as critical to improving the quality of care provision (Renfrew et al., 2014; ten Hoope-Bender et al., 2014; West et al., 2016). Quality of midwifery care relies on the production of a fit-for-purpose graduate who has been educated to global standards, joins a regulated profession, and provides healthcare in an enabling environment (International Confederation of Midwives (ICM), 2013; Nove et al., 2020). The provision of high-quality pre-service midwifery education programs depends on having a faculty who has been appropriately prepared for, and supported in, educational practice and who maintain clinical competence in a teach-practice-teach cycle (International Confederation of Midwives (ICM), 2013; World Health Organization, 2013a, 2019).

Challenges in the preparation and the continued development of midwifery faculty have been identified. These include a lack of supportive pathways from clinical to academic practice (Smith, Gray, & Homer, 2025; Trusson et al., 2019); lack of investment in midwifery education and educators (UNFPA et al., 2021; World Health Organization, 2020); lack of recognised career pathways for clinicians and faculty (Smith, Gray, & Homer, 2025; van Wyk et al., 2020) ; and a lack of provision of, and/or access to faculty development (Behar-Horenstein et al., 2019; Smith et al., 2024). These challenges are more evident in low-resource settings.

When access to faculty development is available, there is often a lack of consideration for context-specific, individual, and institutional needs (Behar-Horenstein et al., 2014). Programs of faculty development are often based on donor-supported international partnerships between high- and low-resource countries (Smith, Gray, et al., 2023). Given the short-term outcome-based nature of many international aid and development projects, these faculty development programs tend to be based on perceived not identified needs (Burdick, 2014; Smith, Gray, et al., 2023). There is also a lack of recognised standards informing faculty development programs in general (Kohan et al., 2023), including in midwifery. The International Confederation of Midwives provide Global Standards for Midwifery Education (International Confederation of Midwives (ICM), 2021, 2024), and while these standards include a category for midwifery faculty, there is limited direction for faculty development program design. There are Core Competencies for Midwife Educators that the World Health Organization developed but these are now more than 13 years old and would benefit from review

and updating in line with contemporary midwifery faculty roles and expectations (World Health Organization, 2013a). A lack of contemporary and agreed standards or frameworks for faculty development may contribute to the current ad-hoc approach to designing, developing and delivering faculty development programs (Carpenter, 2025; Dubay & Earnshaw, 2025).

In 2022, the International Confederation of Midwives (ICM) was awarded a competitive grant by the Laerdal Foundation to conduct a Utstein consensus-style meeting to explore the evidence and experiences of midwifery faculty in various settings, and to agree on an approach to raising the standard of midwifery faculty globally. The term “Utstein style” is synonymous with consensus reporting guidelines for resuscitation and originated from an international multidisciplinary meeting held at the Utstein Abbey near Stavanger, Norway, in June 1990 (Otto et al., 2021; Task Force of the American Heart Association et al., 1991). The purpose of this inaugural meeting was to develop, by consensus, uniform terms and definitions for out-of-hospital resuscitation. This initial Utstein meeting has been followed by more than 30 meetings, where outputs have been published (Otto et al., 2021). Although initially focused on resuscitation, more recently, Utstein meetings have evolved to include strengthening education, setting agreed research priorities, and approaches to improving patient safety (Davies et al., 2021; Petersen et al., 2024; Sollid et al., 2019). The Utstein process or methodology employs a modified nominal group technique to achieve consensus on guidelines, research priorities, and/or actions required to address specific topics.

The aim of this face-to-face midwifery faculty strengthening Utstein meeting was to develop and reach a consensus on, evidence-informed standards to support and promote midwifery faculty development. This paper aims to describe the Utstein process used, report on the pre-meeting strengthening midwifery faculty development focus group discussion analysis and summarise the expert consensus on broad categories that should inform midwifery faculty development standards.

Method

The method was based on the successful formula from more than 30 years of similar Utstein meetings. As per the Utstein-style approach, two web-based pre-meetings were conducted, where current research in midwifery faculty development was presented, and focus group discussions on what is needed to strengthen midwifery faculty took place. In addition to the pre-meeting discussions, the project working group (SP, AUG, CL, RS) compiled relevant midwifery faculty and education resources and shared them with participants. Lastly, the participants gathered at the Utstein Kloster in Stavanger, Norway in June 2024 for a two-and-a-half-day face-to-face meeting to reach a consensus on broad categories to inform midwifery faculty development standards.

Selection of participants

A project working group was established at the outset (SP, AUG, CL, RS) to identify and discuss potential expert participants and agree on the process. Criteria for consideration included those researching or working in the field of midwifery faculty development, or those considered an expert in midwifery education in their country/region. The working group agreed it was important to include participants from both high- and low-resource settings and have regional representation to support a global perspective. Midwifery faculty development and/or education research experts from each of the International Confederation of Midwives (ICM) six geographical regions were identified and invited to participate. ICM regions include Africa, the Americas, the Eastern Mediterranean, Europe, Southeast Asia, and the Western Pacific. Additional representation was sought through invitation to member organisations of the Alliance for Improving Midwifery Education (AIME). Member organisations include ICM, UNFPA, UNICEF, WHO, Momentum USAID, Jhpiego, Liverpool School of Tropical Medicine, Burnet Institute and Laerdal Global Health (Bar-Zeev et al., 2024). A total of 23 experts were invited to participate and 19 were able to join the face-to-face meeting at the Utstein Kloster.

Process for the Utstein-style approach

Once participants were confirmed, two virtual meetings were arranged in March and April 2024. The March meeting included an overview of the Utstein meeting process and midwifery faculty development, and a series of brief presentations on current research in the area. The participants were then divided into groups for a focused discussion on - *What changes or directions are required to ensure a focus on midwifery faculty? What is needed to strengthen the capacity in midwifery faculty?* The working group agreed the discussion should focus on RS's PhD research objective of identifying key actions and support needed to maintain a strong focus on midwifery faculty and their professional development, as this would assist in addressing the Utstein meeting aim to explore the evidence and experiences of midwifery faculty in various settings, and to agree on an approach to raising the standard of midwifery faculty globally.

The second virtual meeting provided further brief presentations on current midwifery faculty development research and a presentation on midwifery faculty development research challenges. In addition, a short overview of current frameworks, standards and competencies applicable to midwifery faculty development was provided. Following the structure of the initial virtual meeting, the participants were divided into groups and asked to focus discussions on *identifying key components of a faculty development program*. Again, the working group agreed that this focus would assist in addressing the overall aim of the Utstein meeting and help identify a focus for the face-to-face meeting.

With the consent of all participants, the pre-meetings were recorded. Recordings from the focus group discussions were transcribed using voice-to-text software. Focus group facilitators also took notes and summarised these during the end-of-meeting feedback. Inductive content analysis was undertaken on the group discussions and summary data. Inductive content analysis is a method that produces a thematic summary of textual data. The analysis is inductive in that the coding is based on actual data content and not on any pre-determined codes or frameworks (Vears & Gillam, 2022). The inductive approach to analysis is particularly useful when little is known or published on the topic as is the case with strengthening midwifery faculty development on a global level.

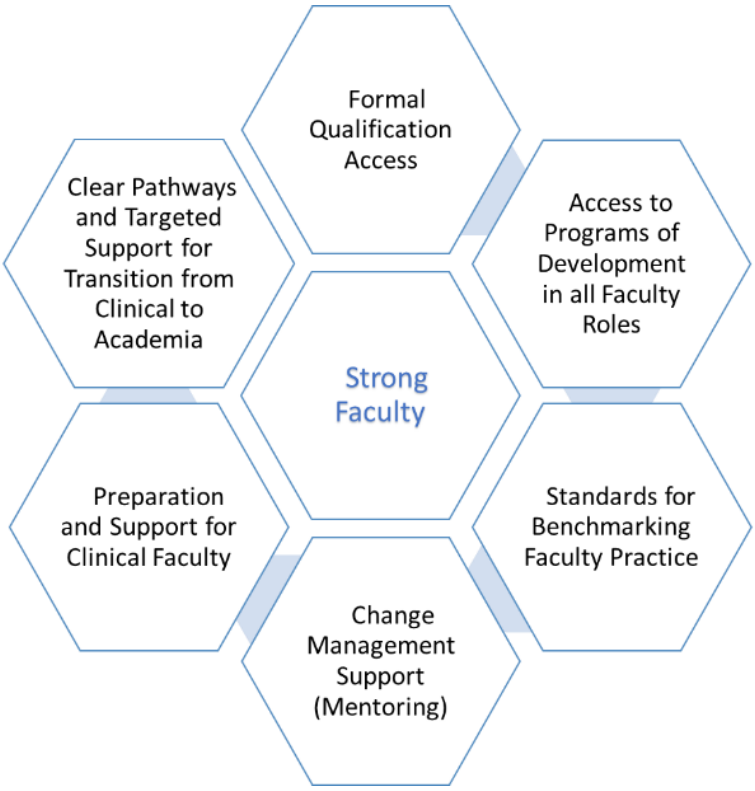
Findings

Pre-meeting findings

The findings are presented by pre-meeting focus group discussion topics. The initial pre-meeting discussions were around the changes or directions required to ensure a focus on faculty, and the development of a strong midwifery faculty. Content analysis resulted in the broad themes presented in Images 7.1 and 7.2.

Image 7.1. Changes and directions required for a focus on faculty

Image 7.2. Requirements for developing a strong faculty



The need for continued and deliberate midwifery faculty workforce development was identified. The faculty shortage is a global issue, and a focused approach to preparing, supporting, and retaining skilled midwifery educators is needed. Participants recognised the workforce challenges with one participant stating:

> *…the shortage of midwife educators is shared across all of the contexts. Also, people [faculty] are getting older, so you know, teachers tend to be older, we we're going to face more shortages as people will go into retirement.*

Discussions identified further challenges in the retention of educated faculty and cited some examples where faculty are prepared but then are redeployed in non-midwifery teaching positions:

> *…educators that are trained are not functioning as educators, and I think that is a huge challenge – a lot of investments are going into educating educators and then either they are placed in a nursing programme and may not teach midwifery.*

Much of the discussion focused on the need for standards or targets that are informed by or adapted for use at the local level. There was recognition of the WHO Core Competencies for Midwife Educators (World Health Organization, 2013a), but it was also noted these were now dated and

need review and updating. There is a need for implementation guidance of any global standards, to strengthen implementation at the country or regional level. One participant explained this:

> *… I think the latest [WHO Core Competencies for Midwifery Educators] is 2013… in terms of implementation there could be some form of research in that space and then again the updated document to be supported by implementation into practice.*

Discussions on the need for strengthening implementation support and guidance also focussed on the need to ensure global standards and associated guidance be considered for endorsement by regulatory authorities, as it was felt that national regulatory support would strengthen the acceptability and integration of standards:

> *…thinking about the development of accompanying documents for implementation in the country or regional level and how these can then be integrated within the [Country's] Council's regulatory bodies.*

The need for development in all expected roles of a midwifery faculty member was highlighted. Roles discussed included the more traditionally recognised role in learning and teaching, but also increasingly the expectation that faculty will lead and manage change and undertake research and other scholarly activities. One participant explains this need for development in all roles:

> *…the very many different aspects [roles] that our faculty have to address, and whether that's actually reasonable or not, and then how do we work on faculty development that actually addresses all of those different aspects.*

A clear and repeated theme for ensuring a focus on, and development of, a strong faculty was the need for targeted support. This support included clear pathways from clinical to academia and continued support through the provision of programs of development, ideally associated with formal qualifications and ongoing mentoring support. One participant identified the current lack of high-level support:

> *… there's no support from the government, that's one thing required to ensure focus on midwifery faculty, so recognition and support is a major thing.*

Another participant discussed the need for academic pathway support and the development of faculty through mentoring:

> *… can these new midwives who are passionate about midwifery be mentored through some kind of programme so that, you know, after spending a few years with their hands-on experience, they come back or they might, you know, be lured by academia?*

The provision of support to ensure a strong faculty included the need for preparation and support for clinical faculty. Participants also discussed the need for partnerships, synergy and harmony between educational and clinical institutions as evidenced here:

> *…. what they're being taught in the university by faculty is sometimes different to what a student's experience is in practice. And if we can harmonise and work together, then that would make sense when the student transitions across those different areas.*

Educational synergy or institutional harmony refers to the need for a strong relationship between education and clinical institutions as both are equally responsible for educating the future midwifery workforce. There was also recognition that a strong midwifery faculty member was competent in both academic and clinical practice:

> *…So this is one area of developing the competency as a teacher. The other important area is developing the competency as a clinician.*

The second pre-meeting discussion focused on the identification of key components of a faculty development program and resulted in participants identifying key support and content components presented in Images 7.3 and 7.4.

Image 7.3. Key support components for faculty development

Participants identified key support for faculty development programs that were similar to the requirements for developing a strong faculty but also included the need for programs to be context-specific and culturally informed. One participant explained it this way:

> *…So [when] there's a faculty development program going on, who are the faculty of those faculty? Are they more external, you know, experts coming in? [They] have a challenge of understanding what is the local context. So I think these are like some of the things that we would have to address as a part of faculty development so that we have this holistic understanding.*

Discussions also included the need for programs to be standards-based but flexible enough to be adaptable to individual country contexts, as evidenced here:

> *I feel it [a faculty development program] should be a standardized program which is contextualized for national implementation.*

Participants discussed the need for faculty development programs to be designed to be sustainable with one participant explaining:

> *It [Program] needs to be sustainable, so that needs to come into the design to ensure that it's sustainable and that it's needs-based… so it just kind of needs to add on to it [program] and evolve as the faculty needs change.*

Another participant highlighted that programs should be based on identified need through a process of assessing faculty needs, explaining:

> *Performing needs assessments or performing gap analysis and needs assessment, we are going to explore the abilities of the faculties in terms of curriculum development, the clinical skills, abilities, leadership…*

Faculty development program content discussions identified the need for the provision of development in all expected roles of a contemporary faculty member. One participant described including the following content:

> *… so develop faculty leadership and that then enables the faculty to then develop leadership skills in the next generation… communication skills, negotiation skills, the ability to, you know, sort of manage your time…*

Many participants discussed the need for expanding from the more traditional learning and teaching development content to include content around research and scholarly activities as part of developing faculty:

… how do we make sure that it is broad so that we focus on teaching skills and academic qualifications and on research and on clinical competence…

Image 7.4. Key faculty development program content components

Overall, the pre-meeting findings identified requirements for ensuring a sustained and continued focus on developing a strong and fit-for-purpose midwifery faculty. Key program support and content required to strengthen midwifery faculty was identified to support the provision of high-quality midwifery education. The experts identified the importance of developing global standards and processes to enable benchmarking of quality practice as a means to support and strengthen the development of the midwifery faculty.

Discussion

The Utstein meeting - process and outcomes

Using the findings from the preparatory meetings, the project working group (SP, AUG, CL, RS) met regularly to plan the aim, objectives and agenda for the face-to-face meeting. The overall aim of the face-to-face meeting was to reach a consensus on, and draft evidence-informed standards to support and promote midwifery faculty development.

The following section summarises the discussions and consensus of the participants attending the face-to-face Utstein meeting.

Underlying principles to guide the development of midwifery faculty development standards

As an important first step to the consensus process to develop draft standards, the group developed and agreed upon key guiding principles for the draft midwifery faculty development standards. The group agreed that midwifery faculty development standards must align with key international guidance documents, including the ICM Global Standards for Midwifery Education and associated Companion Guidelines (International Confederation of Midwives (ICM), 2021, 2024), and the WHO Core Competencies for Midwife Educators (World Health Organization, 2013a). In addition to incorporating existing guidance, midwifery faculty development standards must be rooted in inclusivity, making them accessible and applicable to diverse groups thus promoting equity in midwifery education and practice. Standards must be informed by available evidence, drawing on high-quality research on midwifery and health professionals' faculty development to promote acceptability and applicability

Adaptability and flexibility were considered essential, as this allows the standards to be implemented in various cultural, institutional, and resource settings. Clear language and practicality are critical, ensuring that the standards provide actionable and pragmatic guidance that can be adapted and implemented in a variety of resource settings. As in all maternity care provision, a respectful and rights-based approach must serve as an overarching principle in the standards, emphasizing dignity and consideration for students, educators and the populations they serve.

Faculty development standards should be learner-centred, considering both the faculty member as a learner in a program of development and the ultimate educational outcome of improving midwifery student experiences and enabling the acquisition of competence through the provision of high-quality education and subsequent provision of high-quality midwifery care. In addition, standards should focus on the needs and aspirations of faculty participants, as this then encourages a commitment to lifelong learning and fosters personal and professional growth.

Feasibility was identified as another key principle, with standards designed to accommodate resource constraints and varied contexts. Collaboration in the design and delivery of programs of development is to be encouraged, as is building partnerships with other health professionals and stakeholders to promote multidisciplinary learning and teamwork. Finally, the standards should inspire and respect diversity, providing a framework that values inclusivity and equity in educational practices. These key guiding principles should create a robust, adaptable, and globally relevant framework for faculty development in midwifery, and promote quality education and equitable outcomes.

Essential categories for midwifery faculty development standards

Following consensus on guiding principles for midwifery faculty development standards, a nominal group consensus process was applied to develop draft categories. Box 7.1 presents the draft essential categories for midwifery faculty development standards. As described above, the development of midwifery faculty standards should be guided by key principles designed to ensure excellence in education while addressing the dynamic needs of students, midwifery education faculty and the broader profession.

Box 7.1. Draft essential categories for midwifery faculty development standards

- Leadership
- Partnership and Collaboration
- Research
- Learning and Teaching
- Curriculum
- Resources
- Maintenance of Clinical Competence

A central category identified for midwifery faculty development standards is the need for student-centred and evidence-based learning and teaching (including assessment) strategies that incorporate the philosophical underpinnings of midwifery practice and models of midwifery care. Midwifery faculty development standards should prepare faculty to prioritise a focus on midwifery student learner outcomes to ensure graduates from midwifery programs meet the expected essential competencies for midwifery practice. Closely aligned with a category focussing on learning and teaching, is the need for development of faculty in designing, implementing and reviewing midwifery curriculum.

Another important category is to promote the development of leadership attributes to support faculty in leading and implementing improvements in midwifery education. Developing leadership in midwifery faculty will support professional progression by preparing faculty to challenge norms and lead change in midwifery education. Preparing faculty to become agents of change in midwifery practice includes developing skills in advocacy and the application of quality improvement processes that result in the strengthening of midwifery education.

Midwifery faculty development standards should promote intra- and inter-disciplinary partnerships and collaboration. The development of a culture of respect and inclusivity in education and learning serves to strengthen personal responsibility and professionalism in both education and clinical practice. The development of midwifery faculty also aims to increase opportunities for research partnerships and the promotion of institutional harmony between educational and clinical

environments. Faculty development standards should also include a category specific to research, as this is an increasing expectation of the role of a midwife faculty member. Developing the capacity of midwifery faculty in the generation and integration of evidence into education and practice also strengthens their ability to translate this knowledge to the next generation of midwives.

As with any setting of expected standards or benchmarks, consideration needs to be given to ensuring adequate resource allocation to ensure high-quality development is accessible, equitable and sustainable in every setting. The provision of standards for faculty development may assist in setting priorities and advocating for required resources for development programs. The provision of global standards for faculty development, particularly when endorsed nationally through regulation, may enable faculty to advocate for access to targeted and continued development opportunities.

Finally, given midwifery is a practice-based profession, a need for a domain supporting the maintenance of clinical competence and connection to practice was deemed an essential component of faculty development standards. Including an expectation of maintenance of clinical competence in faculty development standards will assist faculty in advocating for resources and access that enable them to remain clinically competent to ensure a teach-practice-teach approach to the faculty role.

Next steps

Following the Utstein meeting, a core working group was formed and met regularly to expand on the essential domains identified and produce a draft of the International Confederation of Midwives Midwifery Faculty Development Standards. The draft standards are currently being circulated globally to key stakeholders and 136 midwifery associations in 117 countries for consultation and feedback. Following the consultation period, the core working group will finalise the midwifery faculty development standards. The final draft will be presented to the ICM Board for formal ratification and approval.

Strengths and limitations

The Utstein process is a well-established method for developing guidelines through a consensus-building approach. The strengthening midwifery faculty Utstein meeting included experts from broad geographical regions and both high- and low-resource settings which should enhance relevance and applicability in different contexts. However, despite efforts to include a wide range of participants, there was still a majority of participants and organisations from high-income settings, and this may impact translation in low- and middle-income settings. Consensus-building approaches can sometimes be dominated by dominant voices or groups. However, the use of an external skilled facilitator who is not a midwife may have helped in addressing this limitation.

Conclusion

The Utstein approach enabled the production by expert consensus of draft global standards for midwifery faculty development. The proposed standards aim to elevate the quality of midwifery education by ensuring faculty are well-prepared, supported, and competent through the inclusion of academic role expectation and clinical categories. The draft standards align with international guidance and emphasise inclusivity, feasibility, and adaptability. Once finalised and ratified by the International Confederation of Midwives the standards will offer a robust foundation for national and institutional implementation of programs of midwifery faculty development. Strengthening midwifery faculty through accepted global standards is essential to strengthening midwifery education and improving maternal and newborn health outcomes worldwide.

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Ethical statement

The Human Research Ethics Committee at an Australian university approved the expert interviews/FGD data collection in April 2023 (HREC approval number: ETH23-8059).

Acknowledgements

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Summary and introduction to Chapter 8

The Utstein meeting built on the midwifery faculty development knowledge generated by the scoping review on common content, delivery modes and evaluation processes of programs of midwifery and nursing faculty development (Chapter 4); the learning needs assessment survey with midwifery faculty (Chapter 5) and the in-depth interviews with midwifery faculty in LMICs in the Asia and Pacific regions (Chapter 6). Analysis of the focus group discussion data generated in the pre-meetings addressed my research objective of identifying key actions and support needed to maintain a strong focus on midwifery faculty and has contributed to the development of the

Evidence-Informed Framework for Midwifery Faculty Development presented and discussed in the following chapter.

Chapter 8 integrates and discusses the key findings from my program of midwifery faculty development research and from related research in health professions' faculty development to produce and present the *Evidence-Informed Framework for Midwifery Faculty Development*. The presentation, explanation, and discussion of the framework addresses the overall aim of my research, to develop an evidence-informed framework for strengthening the provision of midwifery faculty development. This final chapter concludes with a consideration of potential research limitations and provides an overall conclusion of my PhD research program.

Epilogue

In the time since drafting this manuscript, and the submission of this thesis for examination, the Global Standards for Midwifery Faculty Development have been released by the International Confederation of Midwives (International Confederation of Midwives (ICM), 2025a). My research with the midwifery experts supported the development of the Global Standards for Midwifery Faculty Development. In addition, each output from my program of research is cited as evidence to support the Global Standards for Midwifery Faculty Development in the ICM Global Standards for Midwife Faculty Development – Companion Guidelines (International Confederation of Midwives (ICM), 2025b), providing evidence of translation of my research into practice.

Chapter 8: Discussion and conclusion

Introduction

My PhD aimed to develop an evidence-informed framework to strengthen the provision of development programs for midwifery faculty. There is a general recognition of the need for frameworks to inform and guide programs of development to ensure that programs address the evolving needs of health professions faculty members (Fallis et al., 2022; Kohan et al., 2023; Leslie, 2025; Van Schalkwyk et al., 2024). However, despite the recognised need, very few programs of faculty development are informed and/or supported by comprehensive evidence-informed frameworks. Frameworks that have been applied are generally based on identified faculty roles or professional competencies and do not incorporate broader contextual considerations in the design, development and delivery of programs of health professions' faculty development (Fallis et al., 2022).

With the overall research aim of developing an evidence-informed framework to strengthen the provision of midwifery faculty development, my research objectives were to:

1. Explore the content, modes of delivery and evaluation processes for faculty development programs in nursing and midwifery, with a primary focus on midwifery.
2. Identify key actions and support needed to maintain a strong focus on midwifery faculty and their professional development.
3. Explore the pathways from midwifery clinical practice to faculty practice in low and middle-income countries in the Asia-Pacific region.
4. Identify the development needs of midwifery faculty in low- and middle-income countries of the Asia-Pacific region.
5. Explore the barriers and enablers that current faculty experience in meeting the expectation of continued clinical competence.
6. To explore the demand for, access to, and provision of midwifery faculty development in low- and middle-income countries in the Asia-Pacific region

The conduct of four discrete, but linked, research activities to address these six objectives has provided evidence regarding current content and delivery modes for midwifery faculty development programs, a learning needs assessment of midwifery faculty, an analysis of current pathways and support needs for faculty and an overview of high-level support required to ensure a focus on faculty.

The chapter begins with an overview of each of my PhD program studies, serving as a reminder of the research objectives each study addressed. Following the summary of evidence generated through the studies, the overall aim of my program of research is addressed in the presentation of the *Evidence-Informed Framework for Midwifery Faculty Development* (Image 1). Each element of the framework is analysed and synthesised with existing and emerging health professions' faculty development literature and evidence, and a detailed discussion on each aspect is provided. Limitations of my PhD research program are presented and discussed. The final section of this chapter concludes the thesis by providing evidence of meeting the aim and objectives of my PhD program and reflecting on the research process. The conclusion highlights the knowledge contribution to the field of midwifery and health professions' faculty development and provides recommendations for future research resulting from my PhD.

Overview of research activities

Study one, addressing research objective one (Chapter 4), was a Scoping Review that identified common content, delivery modes and evaluation processes in midwifery and nursing faculty development programs. The associated paper has been published (Smith, Gray, et al., 2023). The scoping review was conducted using the Joanna Briggs Institute (JBI) Methodology for Scoping Reviews and presented using the Preferred Reporting Items for Systematic Reviews (Peters et al., 2020) and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) standards (Tricco et al., 2018). The review included 17 studies.

Contemporary approaches to learning, teaching and assessment were identified as a key component of faculty development programs in the studies. Less common components of programs included strengthening capacity in leadership, research, and academic scholarship development. Most of the included studies' program content was generally aligned with professional core competencies for midwife and nurse educators (World Health Organization, 2013a). However, the review identified key aspects of faculty practice, including curriculum design and development, and student-centred learning approaches and environments, that were often not evident in program content.

The review identified a lack of information and detail regarding the modes of delivery of programs. Limited evaluation of modes of delivery raises questions about best practices in the delivery of faculty development programs. The review concluded that the effective delivery of faculty development programs needs to be urgently evaluated from the perspectives of program design, delivery, and participant experiences.

In addition to calls for further evaluation of program content and delivery modes, there were concerns regarding the lack of rigour in program evaluation processes. The review identified a

reliance on qualitative data, single-point-in-time data collection methods that mostly reported on post-participation evaluations. Most evaluations focused on determining satisfaction with the program and self-reported increases in knowledge and confidence in academic duties. The review recommended that future faculty development program evaluations should consider applying a variety of research paradigms to investigate the complexities and longer-term impact of faculty development, not only on midwifery faculty, but also on midwifery students and/or graduates.

Study two, addressing research objectives two, four and six (Chapter 5), was an online learning needs assessment survey conducted with midwifery faculty from LMICs in the Asia Pacific region. The associated paper has been published (Smith et al., 2024). The survey aimed to identify the development needs of midwifery faculty to better inform program content priorities and preferred modes of delivery for future faculty development programs. Recognition of the importance of learning needs assessments in the design and delivery of educational and development programs is widespread (Al-Ismail et al., 2023; Behar-Horenstein et al., 2014; Fallis et al., 2022; Muirhead et al., 2021). However, in LMICs across the region and globally, intended participants have little or no input into program development (Keiller et al., 2022)

The survey participants identified a high need for development in all contemporary faculty roles. Role expectations of the faculty have evolved from a focus on learning and teaching to include institutional and/or program leadership and management, research production and dissemination, and program design and implementation. Faculty identified the highest priority for development as research and publication, followed closely by leadership and management.

The preferred mode of delivery for faculty development programs was a blended approach that delivers mostly online with some face-to-face learning opportunities. However, participants also identified internet connectivity problems as a challenge to online delivery and the second preferred option was also blended but with a majority of face-to-face delivery.

The study concluded that programs of midwifery faculty development should be based on identified need, be accessible, consider resource context, and be designed to address the development of all roles expected of midwifery faculty.

Study three, addressing research objectives three, four, five and six (Chapter 6), used a qualitative design to provide an in-depth exploration of midwifery faculty experiences regarding career pathways, support available, and development needs. The associated paper has been published (Smith, Gray, & Homer, 2025). A further aim was to identify barriers and enablers to continued engagement in midwifery clinical practice.

Through the application of reflective thematic analysis, my study identified the need for the provision of early and sustained development opportunities and support. Access to development opportunities and support helps to ensure that professional identity is developed alongside the ability to function in the diverse roles expected of midwifery faculty. Key themes included faculty reporting the need to draw on professional and personal passion and determination during the transition from clinical to faculty practice. This transition was identified as being challenging. The need for support through mentoring and formal programs of development was identified as key to meeting diverse role expectations, and this included support for the maintenance of clinical competence.

The study concluded that identifying supportive pathways, including transitional support and ongoing development needs of midwifery faculty, is key to strengthening the provision of midwifery education. Well-prepared and appropriately supported faculty are more likely to be able to function effectively in all roles expected of contemporary midwifery faculty members.

Study Four, addressing research objective six (Chapter 7), reported on the process employed to reach expert consensus on the high-level support required to strengthen midwifery faculty development globally. The initial draft manuscript for this study is currently under review by co-authors. Focus group discussions with global midwifery education and midwifery faculty development experts identified requirements for the development and support of midwifery faculty.

The experts identified the need for access to development and support regardless of resource setting and for clear pathways to smooth the transition from clinical to faculty practice. In addition, programs of faculty development should be informed by identified need and be culturally and context-specific.

Overall, the findings identified requirements for ensuring a sustained and continued focus on developing a strong and fit-for-purpose midwifery faculty. Key institutional, national and global program support was identified as key to enabling the provision of high-quality midwifery education. The experts identified the importance of developing global standards and processes to enable benchmarking of quality practice to support and strengthen the development of the midwifery faculty.

An *Evidence-Informed Framework for Midwifery Faculty Development*

A synthesis of my research findings and a broad exploration of midwifery and health professionals' faculty development informed the development of the *Evidence-Informed Framework for Midwifery Faculty Development* (Image 8.1). The evidence-informed framework can be used to guide designers,

developers and providers of midwifery faculty development to consider all components required to produce programs of development that are needs-based, designed in partnership with key stakeholders, context-specific and outcomes-focused. The framework can be adopted by institutions and integrated into the policies and strategic plans, and where available, aligned with institutional, professional and/or national accrediting standards. In addition, the framework can be utilised to monitor and guide evaluations of current and future programs of midwifery faculty development to ensure that programs met the needs of faculty, students, institutions and the country context where they are delivered.

Image 8.1. Evidence-Informed Framework for Midwifery Faculty Development

Key aspects of the framework are presented and discussed in the remainder of this chapter.

Program design principles

All programs of faculty development should be standards-based, outcome-focused, co-designed in partnership through collaboration with key stakeholders, and specific to the context of practice. There should be no 'one size fits all' approach to faculty development, as development needs differ between individuals and career stages (Catanzano et al., 2022), institutions (Sellmann & Marsch, 2023) and country settings (Findyartini et al., 2025) . Program design principles are discussed throughout this chapter and are briefly summarised below.

Standards-based programs

Standards-based programs ensure that the development provided meets international benchmarks and best practices. The provision of programs based on accepted standards ensures faculty development programs meet the benchmarks set by the profession and allow for the evaluation of programs (Academy of Medical Educators, 2021). The ability to evaluate midwifery faculty development programs against global standards should promote consistency in programs and provide a process for continuous quality improvement (International Confederation of Midwives (ICM), 2025a).

Outcomes-focussed programs

Outcomes-focused programs are created with specific, measurable goals that align with the overall objective of faculty development to prepare and support faculty to function in the roles expected of them (Steinert, 2025b). This ensures that program content and activities are directly relevant to the competencies and standards expected of midwifery faculty. Clearly defined learning outcomes in faculty development programs help the faculty understand the program expectations and requirements and assist institutions in evaluating the program success.

Context-specific programs

Programs of midwifery faculty development should be context-specific. This means considering the local institutional and country contexts and needs. Programs of development must be tailored to meet the unique situation and needs of the faculty members and the institutions where they function (Findyartini et al., 2025). Development of context-specific programs of faculty development assists in addressing local challenges and leverages local strengths (Rumsey et al., 2013).

Co-designed programs

Faculty development programs need to be co-designed with local and/or national experts and faculty. Co-design not only ensures programs of development are relevant to faculty, institutional and country needs and contexts but also supports buy-in and engagement of intended participants

(Findyartini et al., 2025). Additionally, and discussed in more detail below in the Partnership section, co-design of programs of development provides an opportunity to decolonise international development.

Program Design Principles Reflective Questions

The application of pragmatism and a pragmatic approach to the research design and conduct supports a pragmatic approach to the application of findings from the research. To support the use of the *Evidence-Informed Framework for Midwifery Faculty Development* in practice, Table 8.1. provides a series of reflective questions to promote the application of the framework in the real-world setting of the provision of midwifery faculty development.

Table 8.1. Program Design Principles Reflective Questions

Program Design Principles	Questions for Reflection
Standards-Based	• Does the program align with internationally recognised standards and benchmarks? • Which professional standards were used to guide the design of the program? • Does the program promote consistency with other global faculty development initiatives? • How does the program address the specific competencies outlined by international organisations?
Context-Specific	• How does the program reflect the specific needs of the local institution and country context? • How were faculty members' unique situations and needs identified and incorporated? • In what ways does the program leverage local strengths and resources? • Were stakeholders from local institutions involved in the design process?
Co-Design	• Were local and/or national experts and faculty actively involved in the design process? • How were diverse perspectives and experiences incorporated into the program design? • Does the program promote equitable partnerships and shared ownership among contributors?
Outcomes-Focused	• Are the program goals clearly defined, specific, and measurable? • Do the program outcomes align with the expected roles and competencies of midwifery faculty? • What methods are in place to evaluate whether the learning outcomes have been achieved? • How do the outcomes support institutional goals for faculty development?

Program design principles summary

Overarching faculty development program design principles support midwifery faculty development to meet the context-specific needs of faculty, institutions and countries. Midwifery faculty development should be co-designed in partnership with key stakeholders and faculty to promote development that meets local, national and global standards and focuses on clear outcomes that work towards preparing and supporting midwifery faculty to provide high-quality midwifery education.

Faculty development support

In addition to program design principles and faculty development needs, and represented in the inner circle of the framework, my research identified a strong need for supportive pathways, and mentoring support from other faculty community members. These findings are supported in the faculty development commentary and research for broader health professions (Esplen et al., 2025; Haas et al., 2023). Over the past two decades, there have been sustained calls for programs of faculty development to be expanded from a focus on the development of teaching practices to include peer-coaching and support, to focus on workplace learning, and the development of communities of practice to promote the development of professional identity as a faculty member (Elizov & Jarvis, 2025; Steinert, 2020; Steinert & Mann, 2006; Steinert et al., 2009).

Situated Learning Theory (SLT), proposed by Jean Lave and Etienne Wenger, emphasises that learning occurs within a social context and is deeply embedded in the activities, culture, and context in which it is undertaken (Lave & Wenger, 1990). Whilst not an overall underpinning theory for this program of research, SLT informed aspects of the research survey and semi-structured questionnaire design and further emerged as a potential supportive theory during the data analysis process as is evident in the findings regarding support needs, calls for mentoring from experts as part of development, and in aspects of transitioning from beginner to expert.

SLT posits that knowledge is best acquired in authentic contexts. Authenticity supports learning that is context-specific and responsive to the environment in which the learner functions, or is expected to, function in (Lave & Wenger, 1990). The application of SLT is popular in health professionals' learning and is evident in health professionals' faculty development program research (Steinert, 2025c). However, O'Brien and Battista (2020) explored the application of SLT in health professionals' education research and found that in most studies, only certain aspects or concepts of the theory were applied or examined, and this led to superficial use or application of what is, a complex theory. Furthermore, Lave themselves lament the misunderstanding of the intention of SLT (Lave, 2008). Lave (2008) discusses the rise of the single application of the Communities of Practice (CoP) concept

within SLT and associated research and discusses how CoP were not intended as a stand-alone theory and that applying CoP as a theory, negates the intent of SLT. The single application of the CoP concept largely ignores other essential SLT concepts such as legitimate peripheral participation, where novice members learn their craft through being situated in a workplace context and supported and mentored by experts to move from the periphery to the centre, where they identify as an integral member of the community (Farnsworth et al., 2016).

Participants in my studies described concepts of SLT as applicable to them in their development as faculty members. They explained that transitioning from a clinical role to a faculty position felt like shifting from being an expert clinician to a novice teacher and that this was challenging. They emphasised the importance of seeking help from, and the support of, experienced colleagues and repeatedly identified the need for mentorship as part of this support. Participants reported engaging in professional and personal development to move from the sidelines of beginning faculty practice to becoming proficient in and assuming the identity of a faculty member. Additionally, participants often described this process as 'learning on the job', meaning that their learning was embedded or situated in the work they were performing.

Faculty development support summary

Overall, faculty development support needs identified aspects of support and development commonly associated with SLT concepts. Findings from my research aligned with other faculty development researchers who identified the importance of situated or 'on-the-job' learning approaches to faculty development (Steinert, 2020, 2025c). In addition to learning that is situated in faculty practice, evidence identifies the importance of support through mentoring and communities of practice (Behar-Horenstein et al., 2019; Steinert, 2020, 2025a, 2025c; Van Schalkwyk et al., 2024).

The next section provides an in-depth discussion on the four aspects of needs identified through my and other key research in midwifery and health professionals' faculty development.

Faculty development needs

The *Evidence-Informed Framework for Midwifery Faculty Development* consists of four aspects of needs that must be considered when designing and delivering programs of development. Designers and developers of midwifery faculty development programs should consider the needs of faculty members, students, institutions and the context/country needs.

Faculty needs

Faculty development should be systematic, guided by professional standards, and tailored to both individual and institutional needs, as this approach is more likely to result in changes in faculty

practice (Al-Ismail et al., 2023; Behar-Horenstein et al., 2014). Faculty development activities or programs must be planned and designed based on identified needs, implemented with consideration of the learning context, and followed by rigorous evaluation of the intended outcomes (Ahmed et al., 2022; Fernandez & Audétat, 2019; Steinert, 2014b). Unfortunately, this ideal is rarely achieved (Fallis et al., 2022). Historically, faculty development programs were created based on perceived needs or traditional faculty roles, with evaluations focusing on lower-level processes such as participant satisfaction and self-reported increased confidence levels, usually immediately after the program was completed (Behar-Horenstein et al., 2014; Fernandez & Audétat, 2019; Kirkpatrick Partners, 2023).

Perceived development needs often emphasise teaching methods, neglecting other increasingly common faculty roles (Smith, Gray, et al., 2023; Steinert, 2025b). These roles include curriculum design and development, research and scholarly practice, and leadership and management. Development in these roles is often excluded from midwifery and other health professions' faculty development programs (Smith, Gray, et al., 2023; Steinert, 2025b). This exclusion in programs of midwifery faculty development is despite the WHO Midwifery Educator Core Competencies (World Health Organization, 2013a) expecting competence in broader areas of education practice, such as curriculum revision, monitoring, implementation, and evaluation. Other competency domains for midwife educators include leadership, management, advocacy skills, and the ability to initiate and sustain changes that strengthen education practice (World Health Organization, 2013a). If competence is expected in all these areas, then development programs must be designed to address these competency domains and be accessible to all midwifery faculty.

Despite continued calls for programs of development to be based on identified needs, many programs of faculty development have not taken this into consideration. As identified in my scoping review on content, delivery modes and evaluation processes for faculty development programs in midwifery and nursing (Chapter 4) (Smith, Gray, et al., 2023), most studies involved international partnerships, most commonly high-income countries providing international development activities and support to low- and/or middle-income countries often without consideration of actual development needs of individual, institutional and/or country priorities. Many challenges were reported with this approach, and these included communication difficulties due to differences in language, difficulties with access to technology and internet needed for online activities in LMICs, lack of the ability to provide direct support to participants, difficulties maintaining relationship/engagement over a long term, and the continued reliance on international 'experts' therefore reducing the ability to utilise or grow in-country expertise (Chapman et al., 2013; Erlandsson et al., 2019; Erlandsson et al., 2017; Koto-Shimada et al., 2016; Lewis et al., 2016). A

further challenge of relying on programs delivered through partnerships that involve donor support and development aid, is the predominantly short-term nature of these programs (McCoy et al., 2024). Whilst it is difficult to find an agreed definition of short, intermediate, and long-term programs, the Australian Department of Foreign Affairs and Trading (DFAT) explain short term outcomes measure changes in knowledge, skills and attitudes while longer term outcomes look for changes in performance and practice (Department of Foreign Affairs and Trading, 2023). International development programs are generally time-limited and often immediate outcome-focused as opposed to context-specific, collaborative in design and with a long-term vision of sustainable outcomes (Feeny et al., 2023).

The evidence from my research identified the broad areas that faculty commonly request development in, and the following section will discuss each identified faculty development need.

Teaching, learning and assessment

Often identified and recognised as the foundation of faculty activities, teaching, learning, and assessment continually require development. As such, most faculty development programs in the health professions include this key aspect of the role (Steinert, 2025b). However, as identified in my midwifery faculty needs assessment (Chapter 5), although teaching and learning content is evident in the majority of programs of faculty development, learning and teaching development is often not identified as the top priority for midwifery or other health professional faculty (Smith, Gray, et al., 2023; Steinert, 2025b). Historically, learning and teaching formed the basis of programs of development as the common pathway to becoming a faculty member was from expert clinician and as such, early-career faculty rarely had educational experience and/or qualifications (Gray et al., 2023; Smith, Gray, & Homer, 2025; Steinert, 2014b). Research identifies the initial need for learning and teaching development as a clinician transitions to faculty practice, but as the faculty members progress in their career, their development needs move from the learning and teaching aspects of their role to development in other aspects of the role (Cilliers & Tekian, 2016; Fettes et al., 2025; Hodges & Horsley, 2025; Leslie, 2025; McKimm et al., 2025; Steinert, 2014b).

As evidenced in my scoping review (Smith, Gray, et al., 2023) learning and teaching are recognised and included as key content in most programs of faculty development for midwives and nurses. However, it is unclear if learning and teaching content always includes assessment, as assessment was also identified as stand-alone content in some programs of development. Whilst learning and teaching is accepted as key aspects of the faculty role, there is doubt concerning whether learning and teaching development always incorporates assessment (Tekian & Norcini, 2016). Given there is a strong argument to ensure assessment is viewed as learning, and not merely an assessment of

learning (Boud & Falchikov, 2007; Dann, 2014; Rutherford et al., 2024; Schellekens et al., 2021) it is important to ensure faculty development includes all aspects of assessment.

Unfortunately, if not included as standalone content in faculty development, assessment may be lost in the general understanding of learning and teaching (Kohan et al., 2023; Tekian & Norcini, 2016). Learning and teaching are often broadly described as pedagogy. Historically, pedagogy referred to leading or the act of teaching, but the definition and understanding have developed over time to refer to learning and teaching (Shah, 2021). Pedagogy is now more likely to be viewed as both approaches to teaching and the theories and practice of learning, and although assessment is considered both for, and of, learning, it rarely appears in pedagogical discussions. As such, programs of faculty development should be clear as to whether the concept of learning and teaching includes assessment and make this clear in content and evaluation processes. If development regarding assessment is not included in the learning and teaching content, then it must be included as a standalone topic. Teaching, learning and assessment are mainstays of the midwifery faculty role, and where need for development is identified, these important aspects of the role should be evident in faculty development programs and activities.

Research and scholarship

Contemporary faculty roles encompass a variety of scholarly activities, including research activities, grant acquisition, and publishing (Grant et al., 2022; Hodges & Horsley, 2025). In higher education in high-income settings, the expectation of scholarly excellence through research and publication has significantly increased over the past few decades (European Association for Quality Assurance in Higher Education, 2014; Nerren et al., 2018). This trend is now becoming more prevalent in low- and middle-income settings, driving the need for development that addresses all expected faculty roles (Alotaibi, 2023; Grant et al., 2022). My survey results highlighted this expectation of increasing scholarly activities, with participants identifying the top priority for faculty development being the conduct of research and associated writing for publication (Smith et al., 2024).

Research and peer-reviewed publications are increasingly linked to funding and promotion in higher education systems across all resource settings (Jeyaraj et al., 2021; Schimanski & Alperin, 2018). As discussed, historically and to the present day, faculty development programs have focused more on the educational aspects of the role. Despite the growing expectation for health professional faculty to conduct research and publish their findings, there is still limited development offered in this area (Alotaibi, 2023; Huenneke et al., 2017; Sheets & Schwenk, 1990; Smith et al., 2024). Additionally, the recent transition of midwifery education program delivery in LMICs from vocational education in schools of nursing and midwifery to higher education university settings in LMICs has resulted in a

lack of development in aspects of contemporary faculty roles in these settings (Grant et al., 2022). In high-income settings, faculty typically access research training through supported research degrees (Grant et al., 2022). However, as my research identified, this is not the case for midwifery faculty in many LMICs (Smith et al., 2024; Smith, Gray, & Homer, 2025).

Given the increasing expectation of midwifery faculty in higher education settings to undertake scholarly activities such as the design and conduct of research and associated publications, there is an urgent need to provide development opportunities. Unfortunately, expecting faculty to be proficient in research and scholarly activities without the provision of development support compounds the recognised disparity between research output and publications from high- and low-resource settings (Morton et al., 2022).

Leadership and management

Global reports in midwifery and nursing repeatedly call for the prioritisation of developing professional leaders (UNFPA, 2018; UNFPA et al., 2021; UNFPA et al., 2025; WHO et al., 2019; World Health Organization, 2013a, 2016, 2021). These reports, as well as professional commentaries, position statements, and research call for strengthening leaders in all aspects of the professions including policy, regulation, workforce and education (International Confederation of Midwives (ICM), 2022b; McKimm et al., 2025; Medway & Rehayem, 2024; Pezaro et al., 2024; Sattar et al., 2023). Furthermore, the *Strengthening Quality Midwifery Education for Universal Health Coverage 2030* (WHO et al., 2019) calls for midwifery leaders to be prepared to be positioned in high-level policy, planning and financial processes to improve the quality of midwifery education and quality care provision. Midwifery faculty members are well placed to become the leaders of the future, provided they can access development in leadership and management. Many faculty members are already managing and leading the education programs they work in and they also call for development to support their advancement in their academic positions and the profession (Pezaro et al., 2024; Smith et al., 2024; Smith, Gray, & Homer, 2025).

Development in leadership and management was identified as the second highest priority for development in my learning needs assessment survey (Smith et al., 2024) yet, just under one-third of the programs identified in the scoping review provided content on leadership and management (Smith, Gray, et al., 2023). Strengthening capacity in leadership and management is recognised to overcome challenges faced by faculty in LMICs. When leadership and management development are integrated into programs of faculty development, expanded career progression opportunities are reported (Goodman et al., 2018; van Wyk et al., 2020). Providing faculty with development in leadership and management improves career progression (Goodman et al., 2018; McKimm et al.,

2025; van Wyk et al., 2020), and strengthens quality midwifery education, which in turn, strengthens the profession and ultimately improves quality care provision (Nove et al., 2020; Nove et al., 2018).

Technology advances

Like midwifery faculty in high-income settings, faculty in LMICs experience challenges in advancing technologies (Kemp et al., 2021). However, the challenges most often relate to the availability of technology rather than the application of emerging technologies. Participants in both my survey and the interviews identified the need for support with the integration of technology into their faculty practice (Smith et al., 2024; Smith, Gray, & Homer, 2025). This support ranged from needing actual hardware and equipment such as computers and high-fidelity simulation models, to the inability to access reliable internet for teaching, learning and development. This inability to access technologies that support development and inform teaching practice leads to frustration, as midwifery faculty see the difference this makes in other settings (Bećirović, 2023). This inequality continues to contribute to the global North-South divide and hinders efforts in the decolonisation of international development (Sepúlveda et al., 2022). To take the lead in learning, teaching, research and scholarly activities, faculty need equal access to the tools that support their practice (Uzorka & Olaniyan, 2023).

The pivot in the way education was delivered that occurred in response to the COVID-19 pandemic further highlighted the need for faculty to have access to the technology that supports remote or hybrid delivery of programs of education (Daniel et al., 2021). The sudden need to move from face-to-face instruction to online delivery was challenging in all settings, but particularly in LMICs, where access to the requirements for online teaching and learning was either absent or not consistently available for all (Frenk et al., 2022; Uzorka & Olaniyan, 2023). A review of experiences of faculty, students and instructional designers who worked and studied through the COVID 19 pandemic and associated educational challenges and changes provides insight into system requirements including the need to integrate technology into teaching practice; need for structural support and resources; the need for faculty development in online learning; and the need for all players to be involved (Singh et al., 2021).

In my research, many faculty members identified a need for development in existing technologies such as online learning and associated Learning Management Systems (LMS). Some recognised the need for development in emerging technologies and, in particular, Artificial Intelligence (AI). A meta-review aiming to explore the scope and nature of AI in higher education identified challenges, including the lack of teacher technical knowledge and insufficient time for faculty to integrate AI

effectively (Bond et al., 2024). There is increasing recognition of the need to incorporate AI and associated technologies into health professionals' faculty development (Patino et al., 2024).

Future programs of faculty development need to consider the country's context regarding access to existing and emerging technologies and identify the need for development in these areas of faculty practice.

Curriculum design

The learning needs assessment survey results indicated the need for curriculum design and implementation to be a focus for midwifery faculty development, with curriculum development rounding out the top four priority areas for development (Smith et al., 2024). Participants identified the need for support in developing an understanding of curriculum, as they recognise that coming to education as an expert clinician means knowledge of curriculum design and implementation experience would be unlikely. This lack of understanding of curriculum implementation also played out in the interview analysis, with faculty reporting feeling overwhelmed and 'thrown in at the deep-end' and just expected to 'get on with it' despite having no or limited educational preparation for the role (Smith, Gray, & Homer, 2025).

Whilst some programs of faculty development may include curriculum design and implementation, this content was not evident in my scoping review, with only three of the 17 included articles making explicit reference to curriculum design in the content of development programs (Smith, Gray, et al., 2023). However, it is well recognised that faculty development is crucial in ensuring health professional curricula keep up with contemporary changes in education and practice (Erlandsson et al., 2018; McMillan et al., 2019; Shawa & Botma, 2020; Snell, 2014; Steinert, 2014b, 2025b; Talaat, 2022).

In recognition of the need to support midwifery faculty in curriculum design, development and implementation and the lack of support available to faculty, the International Confederation of Midwives developed a resource that provides faculty and others involved in learning design of midwifery education programs, with guidance through the steps required to develop a fit-for-purpose midwifery curriculum (International Confederation of Midwives (ICM), 2022a). Whilst this does not replace the need for formal development in this area of midwifery faculty practice, it may provide general support where formal development is lacking.

In further support of the need for midwifery faculty to access development in curriculum design, review, development and implementation, and in line with my findings, the Global Standards for

Midwifery Faculty Development draft (International Confederation of Midwives (ICM), 2025a) contains a specific category on curriculum, and the overarching standard states:

> Midwife faculty development equips midwife faculty to lead the design, development and review of midwifery curricula (P6)

The process for developing these global standards is described in Chapter 7, as a draft manuscript. The inclusion of an expectation of development in curriculum design and implementation in global standards should promote the inclusion of curriculum design, development, and implementation in programs of midwifery faculty development.

Student support

One unexpected finding in both the faculty needs assessment survey and in the interviews was the need for faculty to be better prepared to provide student social support, or as one participant described, pastoral care (Smith et al., 2024; Smith, Gray, & Homer, 2025). Pastoral care in higher education has been described as incorporating needs relating to student wellbeing. Commonly, needs include academic, social, emotional, physical and in some contexts spiritual (Seary & Willans, 2020). In high-income countries, most tertiary education settings have a range of student support available. For example, the Australian Government Department of Education website lists financial support, practical placement payments, support for specific groups, including First Nations and low socio-economic status (SES) students (Australian Government Department of Education, 2025). Furthermore, many higher education settings in high-income countries provide health services, counselling services, housing support, study skills support and other support programs such as the First Year Experience (FYE) (Nelson & Clarke, 2014) and various student retention strategies (Cameron et al., 2011; Mitchell et al., 2021; Neiterman et al., 2023). Systematic programs of student support are often not available in LMIC settings.

Whilst not systematic or comprehensive programs of support, midwifery students in most Pacific Island countries are provided with financial support to complete their midwifery education programs. This financial support comes through Governments (Ministries of Health) and the World Health Organization (Smith, Calvert, et al., 2023). However, this support is ad-hoc and not always available for each intake of students.

A recent systematic review aimed to determine influencing factors to access and equity in higher education and concluded that social support for students was critical for both access and equity (Wanti et al., 2022). Interestingly, the social support identified included not only peer and family support, but also social support from university teachers (Wanti et al., 2022). While health

professional faculty may be prepared to provide academic or study support, they are often not prepared to provide effective social and emotional support (Brower & Henry, 2025).

In the LMIC setting, compounding the lack of faculty development in the provision of social support to students, are the differences in student cohorts when compared with students in higher-resource settings (Schendel & McCowan, 2016). In LMIC settings, programs of tertiary education, including midwifery, are mostly offered in large urban settings with minimal resources for quality blended/online/remote delivery (Schendel & McCowan, 2016). An example of this is the 14 middle-income countries and territories of the Pacific (World Bank, 2025). These multi-island countries are spread across the Pacific Ocean and face huge geographical spread and remoteness. Only six of these countries offer a midwifery program, so some of the larger Island countries have students from the smaller nations (Smith, Calvert, et al., 2023). This means that students must relocate to a new country to undertake midwifery education. Varying degrees of financial assistance may be available, but it is generally not sufficient to support students fully. This relocation from home and country can lead to isolation, social and emotional stressors and a lack of support. As such, the main support may be from peers and teachers (David-Perrot, 2015). As identified in my research, this leads to the need for faculty to develop the necessary skills in counselling and pastoral care as they may be the students' first or only point of contact (Smith et al., 2024)

Role development

As evidenced throughout this discussion on identifying and addressing faculty-identified needs, there is clear evidence of the need for faculty development to encompass all the roles expected of midwifery and health professional educators. Steinert (2025) discusses the scope of faculty development and asserts that this should include more than just a focus on teaching and instructional effectiveness and that there is a critical need for development in all faculty roles. As my and other research identified, midwifery and health professionals' faculty roles include teacher, assessor, program/curriculum implementor, leader, manager, researcher, mentor/counsellor, and clinician (Kohan et al., 2023; Smith et al., 2024; Smith, Gray, & Homer, 2025). There is clear evidence for, and recognition of, expanding and changing roles and expectations for health professionals' faculty (Golden et al., 2015; Kohan et al., 2023).

Faculty needs summary

The Faculty Needs discussion presents several key areas where midwifery faculty requested development. The primary areas identified include teaching, learning, and assessment, which are foundational but often not prioritised by faculty as they progress in their careers. Additionally, research and scholarship are highlighted as critical areas, with a growing expectation for faculty to

engage in research and publish their findings. Leadership and management development is another significant need, with repeated calls for strengthening leadership capacities to improve midwifery education and care quality. The discussion highlights challenges related to technology access, especially in low-resource settings, and the necessity for faculty to be proficient in both existing and emerging technologies. Curriculum design and implementation, along with student support, particularly social and emotional support, are also identified as crucial areas for faculty development. Overall, comprehensive faculty development programs that address all aspects of the faculty role to enhance the quality of education are needed.

Institutional needs

The next section of the *Evidence-Informed Framework for Midwifery Faculty Development* calls for the consideration of institutional needs when designing and delivering programs of midwifery faculty development. Institutional needs must be considered so that programs are seen as meeting both identified faculty needs and the needs and goals of the institution (Cilliers & Tekian, 2016; Fleming, 2023; Sánchez Mendiola & Silver, 2025). Without institutional support for faculty development, access to programs may not be prioritised or financially supported. Evidence suggests that when faculty are given protected time and support to undertake development, transfer of learning and improvements in practice are more likely to occur (Falola et al., 2020; Haas et al., 2023).

Well-prepared and supported faculty are an institutional asset as they implement their learning into the workplace, and raise the overall quality of education, teaching, research and other aspects of practice within the institution (Cilliers & Tekian, 2016; Falola et al., 2020; Zerger et al., 2006). However, to promote transfer of learning, faculty development programs need careful and intentional design through addressing a series of key elements for consideration. Key elements include ensuring programs address expected roles, are context-specific and adequately resourced, and consideration is given to supporting faculty to implement improvements (Cilliers & Tekian, 2016; Fleming, 2023). Furthermore, programs of faculty development need to be accessible, adaptable and user (faculty) – friendly (Moon & Marcel D, 2024).

Faculty development occurs in complex, ever-changing, and evolving educational institutional environments (Sellmann & Marsch, 2023). Therefore, programs need to be responsive to the constant changes in organisational capacity, educational practices, and faculty roles (Jolly, 2025; Salajegheh et al., 2024; Sellmann & Marsch, 2023; Steinert, 2025b). To ensure programs of development meet institutional needs, a number of institutional activities and responsibilities need to be considered and are discussed below.

Resource allocation

Higher education institutions in all resource settings are required to balance resource allocation to meet the demands of quality, equity and funding (Liefner, 2003). However, this balance is more challenging in low-resource settings (Schendel & McCowan, 2016). In all-income settings, there is a mix of systems and funding mechanisms for higher education. Some countries have state-based systems (public) and others rely on market systems (private), with most having a mix of both systems of funding (Liefner, 2003). In LMICs, competition for funding is immense, and this is more so in fragile settings and crisis situations. Many LMICs health professions' education systems rely on a mix of state-based and donor funding, with competing demands prioritised in differing ways (World Health Organization, 2013b) .

In LMIC settings, priorities may include infrastructure improvements, water, sanitation, hygiene (WASH), student safety, and other basic human-rights requirements (UN Special Rapporteur Koumbou Boly Barry, 2020). As an example, during a midwifery education capacity strengthening project, I visited one of Australia's closest neighbouring middle-income countries. As part of the project, I visited three midwifery education institutions where I witnessed over-crowding in poorly ventilated classrooms, half-finished buildings with no physical windows or doors where the holes in the walls were, and a third-story balcony with no railing where health professional students were gathered doing group work. The same institution had no student water, sanitation or hygiene facilities and was located on the outskirts of the city with limited transport options. This is not uncommon in LMIC settings, but it illustrates the competition for limited funding and the need for prioritisation of funds. Given the challenging situation in some LMICs, it is unlikely institutions will prioritise faculty development (Findyartini et al., 2025).

In addition to a lack of available funding and potentially contributing to low levels of equitable funding, there is the gender trifecta that exists in midwifery and midwifery education. The gender trifecta has been used to describe services provided by women, for women, in relation to women's reproductive health (Association of Ontario Midwives, 2023). Midwifery is a gendered profession, with most midwives and therefore midwifery faculty being women, teaching the next generation of women, to provide care for a majority of women clientele. Traditionally, the focus of health professions faculty development has been on mostly male medical faculty (Steinert et al., 2016) and as such, other health professions like midwifery and nursing have been underfunded. A shift to equitable resource allocation for all health professionals' development is required to ensure midwifery faculty have access to institutional and other supported development opportunities.

Role descriptions

As identified in my research and discussed at length in the Faculty Needs section above, midwifery faculty roles and role expectations are changing. With the evolution of roles and an expectation of expanded faculty roles and responsibilities, institutions may lack clear role descriptors for health professionals' faculty (Culver et al., 2025). Programs of faculty development need to be based on actual and expected roles of faculty in any given context (Golden et al., 2015; Kohan et al., 2023; Van Wyk & Van Zyl, 2023). Programs of development also need to be flexible to incorporate changing role requirements and expectations.

As discussed previously, the traditional role expectation of teaching and learning has expanded to include much more of a focus on research and scholarly activities. Given that educational institutions often receive funding and higher ranking because of scholarly activities such as research grant acquisition and peer-reviewed publications, it is in institutions' favour that faculty are prepared in the research and scholarly aspects of the role (Hart & and Rodgers, 2024). Increasingly, higher education institutional ranking processes include high-quality teaching and learning experiences as reported by students (Advance HE et al., 2023). Higher ranking provides institutions with a competitive edge in terms of market advantage, and therefore, it is advantageous for institutions to ensure that faculty development includes all aspects of the faculty role (Hart & and Rodgers, 2024; Schimanski & Alperin, 2018).

Accreditation processes

A further institutional and identified higher-level need (Smith, Gray, Levy, et al., 2025) related to faculty development is focused on standards and accreditation processes. Standards and accreditation are quality assurance processes that may be institutional, national or global (Kayyali, 2024). Accreditation is a process whereby the institution is assessed or measured against accepted regulatory, educational and/or professional standards (Bogren et al., 2018; Kayyali, 2024; Nove et al., 2018). Faculty development is pivotal in supporting accreditation by enhancing the quality of education and ensuring institutions can demonstrate that they, and the educational programs offered, meet certain standards (Perley & Tanguay, 2008). By improving teaching quality through the latest methodologies and best practices, faculty development ensures educators are well-equipped to deliver high-quality education, a critical component to meet institutional, national and global accreditation standards (International Confederation of Midwives (ICM), 2025a). Additionally, faculty need preparation and support to align teaching and assessment methods with accreditation requirements, ensuring that educational programs meet necessary criteria (Perley & Tanguay, 2008; Rizk et al., 2022). Faculty development should also foster leadership development, and research and

scholarly activities, demonstrating an institution's commitment to academic excellence, which again, is vital for accreditation.

Whilst accreditation is seen as vital in strengthening midwifery education, often there are many different accrediting authorities, who accredit midwifery education programs using different standards (Ortiz-Contreras et al., 2024) . Frequently, links between different accreditation processes are not well-established or absent. Midwifery education program accrediting authorities may include educational institutions, individual country qualification authorities, professional regulatory authorities, higher education accreditation bodies, and/or government regulations or legislation requirements (International Confederation of Midwives (ICM), 2021; Kayyali, 2024). However, there are calls to standardise midwifery education program accreditation through the acceptance and application of the International Confederation of Midwives' Midwifery Education Accreditation Programme (MEAP) (Nove et al., 2018; Ortiz-Contreras et al., 2024). Standardising midwifery education accreditation will support the standardisation of midwifery faculty development as the MEAP process aligns with the ICM Global Standards for Midwifery Education and the draft ICM Global Standards for Midwifery Faculty Development (International Confederation of Midwives (ICM), 2021, 2024, 2025a).

Partnerships

My scoping review (Chapter 4) identified and examined programs of faculty development in midwifery and nursing professions. More than two-thirds of the studies (12/17) involved international partnerships where high-income countries supported LMICs in the provision of programs of development (Smith, Gray, et al., 2023). Due to limited resources in many LMICs, there is a heavy reliance on donor/international aid. In theory, the partnership approach provides an opportunity to address disparities and improve access to development opportunities. However, international partnerships where there is a power imbalance, such as between high and low-resource settings, often face challenges (Gray et al., 2022). Challenges associated with the partnership approach to the provision of programs of faculty development need to be addressed at the global, institutional and program levels.

The most reported challenge in the provision of international partnership-delivered programs is language barriers and limited access to technology, including the internet. These language and technological barriers were a continued source of participant frustration and reduced engagement in development programs (Erlandsson et al., 2019; Erlandsson et al., 2017; Koto-Shimada et al., 2016; Lewis et al., 2016; Smith, Gray, et al., 2023; Smith et al., 2024; Smith, Gray, & Homer, 2025). A further challenge for remotely delivered programs was the inability to offer direct support to

participants, which may impact learning and the transfer of learning into faculty practice (Erlandsson et al., 2017; Lewis et al., 2016; World Health Organization, 2013b).

A further challenge of the partnership approach is the potential for an over-reliance on external 'experts', which hampers the partnership's transformative potential (van Tulder & Keen, 2018). Over-reliance on external development partnerships contributes to limiting the capacity and growth of local expertise (Burdick, 2014). Limiting the opportunity and strengthening of local experts results in sustained over-reliance on international 'experts' in the provision of faculty development programs. Limiting the growth and development of local expertise contributes to the maintenance of colonial academic structures and systems that privilege Western-centric values and practices (Kumar et al., 2024; Thambinathan & Kinsella, 2021). Institutions, in both high and low-resource settings, need to recognise potential and actual power dynamics involved (Gray et al., 2022) and commit to centralising local voices in faculty development program planning, design and delivery. Unfortunately, the Western-centric requirements of my PhD candidature may have contributed to maintaining colonial academic structures, but as discussed in my positionality and reflexivity statement (Chapter 2), I am committed to addressing this in the future.

Finally, the over-reliance on the delivery of programs by partnerships from high-income settings and the reliance on donor funding or international aid contribute to the lack of context-specific programs of development. The short-term, and often vulnerable, nature of international donor/aid limits the undertaking of needs assessments and the participation in the co-design of the development program. When a funded program has a one or two-year lifespan, there is limited time for adequate consultation. International development programs are mostly short-term and require reporting on short-term or immediate-term outcomes. This pressure to evaluate and measure short-term outcomes limits true collaboration and partnership and often limits contextualisation. Pre-designed programs are delivered in contexts where they may not be relevant, or the intended outcomes cannot be implemented due to context and resource constraints. Unfortunately, this is the nature of donor aid and requires sustained push-back to ensure programs of midwifery faculty development are needs-based, long-term outcomes-focused and contextualised to faculty and educational practice.

Student support

Educational institutions should consider the needs of both faculty and the student cohort. Student needs will be discussed in more detail in the following section.

Institutional needs summary

When developing midwifery faculty programs, it's crucial to consider institutional needs to ensure faculty have the resources and time for development opportunities. Effective faculty development programs should address all expected faculty roles and be tailored to meet institutional needs. In LMICs funding is limited, and resource allocation often needs to prioritise basic human rights over faculty development. In addition to resource and funding constraints, there is a heavy reliance on donor aid and international partnerships in the provision of faculty development. Reliance on international partnership and donor aid can present language and resource challenges and power imbalances. Local institutions, national programs and international partnerships need to prioritise local voices and push for long-term, outcome-focused, context-specific and co-designed programs to foster academic excellence for faculty and for students.

Student needs

In addition to midwifery faculty members and institutions, beneficiaries of faculty development programs include students of midwifery education programs. Therefore, it is important to consider student needs in the design and development of programs. A well-prepared and supported faculty is better able to provide an educational experience that supports students to demonstrate the required knowledge, skills and behaviours expected of graduates. However, it is uncommon to see student input in the design of or included in measuring the impact of faculty development programs (Fernandez & Audétat, 2019; Proctor et al., 2020). There is recognition that measuring the impact of faculty development on student outcomes is complex but not impossible, and is best attained through the use of mixed methods research approaches (Kluijtmans & Bolander Laksov, 2025; Willett et al., 2014).

The following section examines midwifery faculty development programs from a student needs perspective.

Learning resources

Midwifery faculty development program design needs to consider the resource context where the faculty participants and their students operate as a key consideration to promote learning transfer and improved student experiences and outcomes (Cilliers & Tekian, 2016). Faculty development program design needs to consider student access to learning resources, such as existing and emerging technologies, and associated equipment and/or devices (Sánchez Mendiola & Silver, 2025). If a program of faculty development focuses on blended learning or the design of assessments that require access to the internet, and students do not have this access, then transfer of participant learning to students is limited.

In my research, faculty participants repeatedly identified issues with the provision of essential learning resources for their students. Lack of essential resources included a lack of textbooks being available in the students' language; a lack of functional simulation equipment for preparing students for clinical practice; and a lack of access to research databases and other online resources that support teaching and learning evidence-based practices (Fook & Sidhu, 2015). Faculty discussed the challenges they and their students faced due to resource constraints and the impact this has on both teachers and learners. Programs of faculty development need to take into consideration the reality for both teachers and learners and adapt content accordingly. Where programs of development are designed without consideration of context, student needs will not be addressed.

Enabling environments

The provision of support and development to midwifery faculty plays a crucial role in creating enabling environments for midwifery students in LMIC settings. The quality of education is paramount to the provision of a higher education enabling environment for students in midwifery. Education programs must adhere to global midwifery standards (UNFPA Asia Pacific Regional Office et al., 2021). Therefore, programs of midwifery faculty development must ensure that faculty are aware of the Global Standards for Midwifery Education (International Confederation of Midwives (ICM), 2021; UNFPA Asia Pacific Regional Office et al., 2021) and are able design, develop and deliver midwifery education programs that adhere to these standards.

As discussed in the Institutional Needs section and above, an enabling midwifery higher-education environment includes ensuring students have access to the resources required to support learning. Adequate educational materials, clinical training sites, and mentorship from experienced midwives are some of the vital resources necessary to equip students with the skills and knowledge required to provide quality care (Castro Lopes et al., 2016). Furthermore, education programs must be culturally and contextually relevant, tailored to the specific healthcare needs and cultural contexts of the regions they serve (West et al., 2016).

Faculty who are well-versed in the latest educational methodologies can better address the diverse needs of their students, promoting equity and inclusivity (Sanger, 2020). Ultimately, investing in faculty development ensures that faculty are prepared to create a nurturing and empowering environment, enabling students to thrive academically and professionally (Hodgson et al., 2025).

Student support

The student support aspects of student needs have been discussed at length in the *Faculty Needs* section.

Student needs summary

The design, development, and delivery of midwifery faculty development programs should consider how they prepare the faculty to address the needs of students. Faculty development programs directly impact student learning and higher-education experiences. Therefore, development programs should be seen as an opportunity to prepare faculty to better support students' academic, physical, social, and emotional needs.

The following section will broaden the needs-based discussion to include context and country needs and how these should be considered in the design and delivery of faculty development and the impact this has on quality midwifery education provision.

Country/Community needs

More broadly, programs of faculty development also need to consider the country context in which the faculty operate. Faculty development programs should consider country-specific and national needs and priorities. As discussed previously, context/country-specific needs are often not considered in programs of development, as many programs offered in LMIC settings are through high- to low-income country partnerships, and it is rare to find partnerships that have included co-design of the program of development (Findyartini et al., 2025). Lewis and Steinert (2023) assert that international faculty development must demonstrate an understanding of local country needs, and content, delivery, and materials must be tailored to the local context and culture. Tailoring midwifery faculty development programs to the local context requires an understanding of educational and clinical practices in that context/country.

Maternal newborn outcomes

Strengthening the quality of midwifery education is recognised as a means to improving the quality of midwifery care and, in turn, improving a broad range of maternal, newborn and public health outcomes (Nove et al., 2020; Renfrew et al., 2014; World Health Organization, 2019). In 2019 the WHO and other global maternal child health organisations recognised that to strengthen the quality of midwifery education, there needs to be a focus on strengthening and supporting midwifery faculty (World Health Organization, 2019). More recently, the 2025 *Midwifery Accelerator: Expanding Quality Care for Women and Newborns* report*,* again highlighted the need for investing in midwifery education through enhancing faculty development to promote the provision of quality midwifery education, recognising that the quality of education directly impacts maternal and newborn survival (UNFPA et al., 2025). Unfortunately, the burden of maternal and newborn mortality is highest in LMIC settings, and most deaths are preventable through the provision of high-quality care (WHO, UNICEF, UNFPA, World Bank Group, & UNDESA, 2025).

As identified in my learning needs assessment (Chapter 5) (Smith et al., 2024), and again in Chapter 6 (Smith, Gray, & Homer, 2025), midwifery faculty identified the need for faculty development programs to include clinical practice development, particularly emergency management skills. Over 60% of faculty in the needs assessment indicated they were not clinically current (last 12 months). In addition to a lack of clinical currency identified in the survey, a key theme of faculty interviews was '*needing to keep clinical skills'* and the impact this has on teaching clinical skills. If faculty have difficulty maintaining clinical skills, then their ability to prepare students for safe and effective practice is limited. Furthermore, no studies in the scoping review included clinical skills as part of faculty development programs (Smith, Gray, et al., 2023).

In countries where the faculty may struggle to access and/or maintain clinical practice, programs of faculty development that include clinical practice or clinical refresher sessions are needed. Ensuring midwifery faculty are well-prepared to teach and support students to develop the expected competence will contribute to the provision of high-quality midwifery education and care provision and improve outcomes for women, newborns, communities and society (Nove et al., 2020).

Professional regulation

The need to understand country contexts regarding professional regulation and legal standards is an important aspect in developing faculty development programs that are context and country-specific. Professional regulations and education legislation impact what is taught and assessed in health professionals' programs. An example of this is where countries legislate or require non-profession-specific content in health professionals' education programs. For example, some countries in the region require midwifery education program subjects/modules to include content specific to nursing, language development content and culture and/or religion content. In addition, there is much diversity in midwifery pre-service program lengths, pathways and qualifications (Neal, Bokosi, et al., 2023; Neal, Nove, et al., 2023; Smith, Calvert, et al., 2023). All of these country-specific requirements need to be known and understood before designing programs of faculty development.

Regulatory and legislative requirements may impact the ability of faculty to change or develop their professional practice. An example of this from professional experience in a LMIC is attempting to integrate authentic assessments in midwifery education programs in settings where there is a national multiple-choice questionnaire MCQ examination and education system that continues to focus on rote memorisation to demonstrate learning. In my own experience, working with midwifery faculty in one country for eight years, there remains resistance to reducing the reliance on MCQs. This is due to multiple reasons, including anti-corruption computer marking systems; workload issues with MCQ exams taking much less time to mark; and legal requirements of a National

examination for registration (Ministry of Health Cambodia, 2013). Understanding this country context before working with the faculty in a program of development may have supported a different approach to the development of faculty in aspects of assessment.

As discussed in the *Partnerships* section, co-design in programs of faculty development would support the developers and designers in understanding the context where the program is to be delivered. Co-design and an understanding of the country/local context encourages a needs-based and context-specific program of development and support. In addition, co-design allows for the identification local experts and champions for midwifery faculty development (West et al., 2017).

Professional recognition

In addition to understanding professional regulation and legislation that may impact the design and provision of midwifery faculty development programs, knowledge of the recognition of the profession of midwifery is vital to ensuring context-specific programs. As previously discussed, there is diversity in the approach to midwifery education programs, and there is also diversity in the recognition of the profession of midwifery across the LMICs of the Asia Pacific Region. In some countries, midwifery remains subsumed into nursing, and some faculty are nurses but not midwives (UNFPA et al., 2021). In some countries, all midwives are nurses first, and other countries have 'direct-entry' programs. Furthermore, some countries are only just recognising midwifery as a cadre of health professionals (UNFPA et al., 2021). To design and deliver effective programs of midwifery faculty development, each country's context needs to be explored, and each educational system needs to be understood.

As discussed repeatedly, a co-design approach using local experts will best inform programs of midwifery faculty development so that the program is based on actual need and suits the context where delivered. Also discussed repeatedly, this co-design and context specificity remains rare in the provision of midwifery and other health professionals' faculty development programs.

Country/Community needs summary

The country/community needs discussion highlights the critical importance of tailoring midwifery faculty development programs to the specific country context. Many existing programs lack contextual relevance due to limited co-design and are often shaped by partnerships from higher resource settings than many LMICs. For faculty development to be effective, it must reflect local educational and clinical practices, regulatory frameworks, and cultural norms. To ensure relevance, effectiveness, and sustainability, co-designing programs with local experts is identified as best practice in developing midwifery faculty development initiatives.

Midwifery Faculty Development Needs - Reflective Questions and Considerations

The *Evidence-Informed Framework for Midwifery Faculty Development* provides direction for faculty development designers, developers and program providers. Designers of development programs and activities should consider the needs of midwifery faculty, institutions, the country's context, and the student experience. Whilst not all development programs or activities will meet all identified needs, all midwifery faculty development should strive to meet and/or consider as many needs as possible and/or feasible. Table 8.2. provides reflective questions and aspects that should be considered when designing, developing, delivering and evaluating midwifery faculty development.

Table 8.2. Midwifery Faculty Development Needs Reflective Questions and Considerations

Identified Need	**Questions/Considerations for Reflection**

Faculty Needs	Does the faculty development program/activity provide development in:
	• Contemporary approaches to teaching, learning and assessment
	• Scholarly activities:
	  ○ Conduct of research
	  ○ Grant acquisition
	  ○ Writing for publication
	• Leadership and management
	  ○ Midwifery leadership
	  ○ Academic/education leadership
	  ○ Program or institutional management
	• Integration and application of emerging technologies
	• Curriculum:
	  ○ design/development
	  ○ implementation
	  ○ evaluation/review
	• Student support:
	  ○ Social
	  ○ emotional
	  ○ academic

Institutional Needs	Has the faculty development program/activity considered/addressed:
	• Resource availability and allocation
	• Faculty role descriptions and expectations
	• Accreditation processes and requirements
	• Partnerships:
	  ○ Equity
	  ○ Mutual benefit
	• Student Support provision:
	  ○ Learning resources
	  ○ Learning environments

Identified Need	Questions/Considerations for Reflection
Country/Community Needs	Has the faculty development program/activity considered/addressed: • Maternal and newborn health outcomes • Professional recognition of midwives • National regulation/legislation requirements for the midwifery profession and practice
Student Needs	Has the faculty development program/activity considered/addressed: • Availability of learning resources • Provision of pastoral care/student support • Enabling learning environments – academic and clinical

This concludes the presentation and discussion on the *Evidence-Informed Framework for Midwifery Faculty Development*, which resulted from the analysis and synthesis of findings from my PhD program and other key research and commentary in midwifery and faculty development literature among other health professionals. The following section presents limitations associated with my PhD research program.

Limitations

My research program aimed to develop an evidence-informed framework to inform programs of midwifery faculty development. The overarching aim and the research objectives clearly defined the scope of the research. This included an initial scoping review that identified the content, delivery methods, and evaluation strategies of faculty development programs in nursing and midwifery, with a particular emphasis on midwifery. The research explored pathways and the provision of support for transitioning to faculty practice, identifying the development needs and priorities of midwifery faculty in LMICs of the Asia-Pacific region. Additionally, the research identified strategic actions and support required to maintain a focus on developing midwifery faculty. To identify and discuss limitations, it is necessary to clearly define the scope of the research program presented in my thesis. While the integration of findings provides a robust understanding of midwifery faculty development in LMICs in the Asia-Pacific region, several limitations are acknowledged.

All studies in my research program were conducted in English, necessitating a level of language proficiency that likely excluded non-English-speaking faculty members. This language constraint may have skewed the findings toward individuals with greater access to international education and resources, thereby limiting the research's inclusivity and representativeness. Furthermore, the use of convenience, snowball, and purposive sampling methods introduced potential biases. These approaches tend to favour participants who are professionally active or well-connected, potentially overrepresenting faculty members with better institutional support or engagement in development

initiatives. However, as evident in the identification of high development needs and the calls for further support, this bias seems unlikely.

A further limitation of my empirical studies is the use of self-reported data to assess development needs and faculty experiences. While such data can provide valuable insights into individual perceptions, it is vulnerable to social desirability bias and lacks objective validation. Unfortunately, in the context of my doctoral research, time and resource constraints limited the feasibility of longitudinal data collection and observations.

As the researcher, I acknowledge that my pre-existing relationships with many study participants may have influenced both recruitment and data collection and that this may have also been a limitation. Some participants had previously engaged in midwifery faculty development programs that I facilitated, which could have created a perceived obligation to participate in my studies. To mitigate this ethical concern, I explicitly clarified that those prior programs were independent of the research and that participation was entirely voluntary. Confidentiality and anonymity were strongly emphasised, with all responses handled sensitively and without reference to past professional interactions. This aspect of the research is addressed more fully in the Positionality section of this thesis (Chapter 2).

Conclusion

My PhD program set out to explore and address the complex and evolving needs of midwifery faculty development, particularly in low- and middle-income countries (LMICs) in the Asia Pacific region. Integrating and synthesising findings from four discrete but interlinked studies, along with emerging and existing evidence, resulted in the development of an evidence-informed framework for strengthening midwifery faculty development. The *Evidence-Informed Framework for Midwifery Faculty Development* provides a practical and adaptable tool designed to guide the creation of midwifery faculty development programs and activities, ensuring they are based on available and accepted standards for faculty development. The framework promotes development that is outcomes-focused and based on identified needs. Development based on need should involve co-design with key stakeholders and be adaptable and tailored to the context in which faculty development is offered.

My research process was both iterative and reflective, shaped by a pragmatic approach that allowed for responsiveness to emerging findings. The research commenced with a scoping review, which identified significant gaps in the available midwifery and nursing faculty development evidence, particularly in the lack of inclusion of broader faculty roles, such as leadership, research, and curriculum design. The subsequent learning needs assessment survey and qualitative interviews with

midwifery faculty provided rich, contextualised data that identified the experiences, challenges, needs, and aspirations of midwifery faculty members. These findings were further validated and expanded on through expert consensus on what is required globally to support a focus on midwifery faculty development to strengthen midwifery education and care provision. Including global expert consensus meant the resulting evidence-informed framework is grounded in both empirical evidence, professional education and faculty experience, and applicable to midwifery faculty development in all resource settings.

My PhD significantly contributes to strengthening midwifery faculty development by recognising the multifaceted nature of midwifery faculty roles, and the importance of supporting faculty across all dimensions of their work. This support encompasses not only the development of pedagogical expertise but also the strengthening of research capacity, building and supporting leadership, advancing curriculum design, development, and implementation processes, and enhancing capacity in the provision of student support. My PhD research and associated *Evidence-Informed Framework for Midwifery Faculty Development* also highlights the critical role of institutional and systemic support, including equitable resource allocation in all settings, provision of clear faculty role expectations, and alignment with institutional, national and/or global accreditation processes, regulatory standards and legislative requirements.

My research acknowledges the structural and contextual challenges that impact faculty development in LMICs. Issues such as limited access to technology, reliance on short-term donor-funded programs, and the persistence of colonial academic structures have been explored with sensitivity. The *Evidence-Informed Framework for Midwifery Faculty Development* provides a guide for faculty development designers and providers to consider and address the identified challenges. The provision and future application of the *Evidence-Informed Framework for Midwifery Faculty Development* provides a tool for advocacy and practical action for a shift toward long-term, sustainable, co-designed and needs-based faculty development initiatives that prioritise contextual and cultural relevance.

Looking ahead, there is a clear need for continued investment in midwifery faculty development as a strategic priority to strengthen midwifery education and improve maternal and newborn health outcomes. This includes not only the development of individual faculty members but also the strengthening of institutional systems, national policies, accreditation processes and global standards that support high-quality midwifery education. Future research will focus on piloting the *Evidence-Informed Framework for Midwifery Faculty Development* in diverse settings, assessing its

effectiveness as a tool for strengthening the provision of, and evaluation of, midwifery faculty development, and refining the framework based on real-world application.

Future research should also explore and evaluate the longer-term impact of midwifery faculty development. Evaluations should move beyond focusing on participant satisfaction and self-reported changes in confidence to consider applying a variety of research paradigms and methods in investigating the complexities and longer-term impact of faculty development. This approach should encompass not only faculty and institutions, but also the students they work with.

In conclusion, this research makes a compelling case for reimagining midwifery faculty development design, provision and evaluation as a dynamic, inclusive, and contextually grounded process. The *Evidence-Informed Framework for Midwifery Faculty Development* offers a roadmap for designing programs that are responsive to the real-world needs of faculty, institutions, students, and countries. By embracing a holistic, needs-based approach, my current and future research programs can help build a well-prepared and supported midwifery faculty. Ensuring all midwifery faculty members' development and support needs are met, and that they are prepared and supported to lead, innovate, and deliver high-quality midwifery education. My PhD contributes not only to strengthening midwifery faculty development but also more broadly to the academic discourse on faculty development in the health professions.

Appendices

Appendix A Ethics Approvals and associated materials

Appendix A.1 - Ethics approval email

UTS HREC Ethic Approval ETH23-8059 (email text Copy and Paste & Image below):

Dear Applicant,

Re: ETH23-8059 - "Exploring Midwifery Faculty Development in the Asia Pacific Region"

Your local research office has reviewed your application and agreed that it now meets the requirements of the National Statement on Ethical Conduct in Human Research (2007) and has been approved on that basis. You are therefore authorised to commence activities as outlined in your application, subject to any conditions detailed in this document.

You are reminded that this letter constitutes ethics approval only. This research project must also be undertaken in accordance with all UTS policies and guidelines including the Research Management Policy.

Your approval number is **UTS HREC REF NO. ETH23-8059**

Approval will be for a period of five (5) years from the date of this correspondence subject to the submission of annual progress reports.

The following standard conditions apply to your approval:

· Your approval number must be included in all participant material and advertisements. Any advertisements on Staff Connect without an approval number will be removed.

· The Principal Investigator will immediately report anything that might warrant review of ethical approval of the project to the Ethics Secretariat.

· The Principal Investigator will notify the Committee of any event that requires a modification to the protocol or other project documents, and submit any required amendments prior to implementation. Instructions on how to submit an amendment application can be found here.

· The Principal Investigator will promptly report adverse events to the Ethics Secretariat. An adverse event is any event (anticipated or otherwise) that has a negative impact on participants, researchers or the reputation of the University. Adverse events can also include privacy breaches, loss of data and damage to property.

· The Principal Investigator will report to the UTS HREC or UTS MREC annually and notify the Committee when the project is completed at all sites. The Principal Investigator will notify the Committee of any plan to extend the duration of the project past the approval period listed above.

· The Principal Investigator will obtain any additional approvals or authorisations as required (e.g. from other ethics committees, collaborating institutions, supporting organisations).

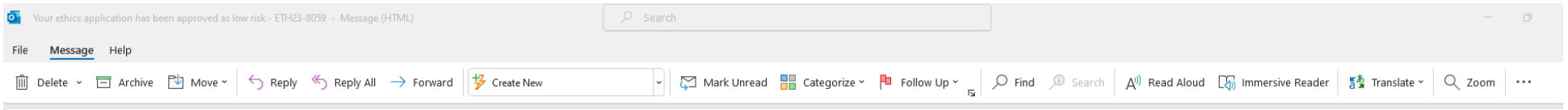
· The Principal Investigator will notify the Committee of his or her inability to continue as Principal Investigator including the name of and contact information for a replacement.

This research must be undertaken in compliance with the Australian Code for the Responsible Conduct of Research and National Statement on Ethical Conduct in Human Research.

You should consider this your official letter of approval.

If you have any queries about this approval, or require any amendments to your approval in future, please do not hesitate to contact your local research office or the Ethics Secretariat.

Ref: 12a



Your ethics application has been approved as low risk - ETH23-8059

R

research.ethics@uts.edu.au
To Caroline Homer; Rachel Smith
Cc Research Ethics

Ethics Application.pdf
397 KB

Reply | Reply All | Forward

Thu 27/04/2023 12:44 PM

Dear Applicant,

Re: ETH23-8059 - "Exploring Midwifery Faculty Development in the Asia Pacific Region"

Your local research office has reviewed your application and agreed that it now meets the requirements of the National Statement on Ethical Conduct in Human Research (2007) and has been approved on that basis. You are therefore authorised to commence activities as outlined in your application, subject to any conditions detailed in this document.

You are reminded that this letter constitutes ethics approval only. This research project must also be undertaken in accordance with all UTS policies and guidelines including the Research Management Policy.

Your approval number is UTS HREC REF NO. ETH23-8059

Approval will be for a period of five (5) years from the date of this correspondence subject to the submission of annual progress reports.

The following standard conditions apply to your approval:

- Your approval number must be included in all participant material and advertisements. Any advertisements on Staff Connect without an approval number will be removed.
- The Principal Investigator will immediately report anything that might warrant review of ethical approval of the project to the Ethics Secretariat.
- The Principal Investigator will notify the Committee of any event that requires a modification to the protocol or other project documents, and submit any required amendments prior to implementation. Instructions on how to submit an amendment application can be found here.
- The Principal Investigator will promptly report adverse events to the Ethics Secretariat. An adverse event is any event (anticipated or otherwise) that has a negative impact on participants, researchers or the reputation of the University. Adverse events can also include privacy breaches, loss of data and damage to property.
- The Principal Investigator will report to the UTS HREC or UTS MREC annually and notify the Committee when the project is completed at all sites. The Principal Investigator will notify the Committee of any plan to extend the duration of the project past the approval period listed above.
- The Principal Investigator will obtain any additional approvals or authorisations as required (e.g. from other ethics committees, collaborating institutions, supporting organisations).
- The Principal Investigator will notify the Committee of his or her inability to continue as Principal Investigator including the name of and contact information for a replacement.

This research must be undertaken in compliance with the Australian Code for the Responsible Conduct of Research and National Statement on Ethical Conduct in Human Research.

You should consider this your official letter of approval.

If you have any queries about this approval, or require any amendments to your approval in future, please do not hesitate to contact your local research office or the Ethics Secretariat.

Appendix A.2 - HREC approved interview, survey and focus group participation forms

INVITATION LETTER/SCRIPT FGD

UTS HREC REF NO. ETH23-8059

PROJECT TITLE: EXPLORING MIDWIFERY FACULTY DEVELOPMENT IN ASIA PACIFIC REGION

Greetings,

My name is Rachel Smith, and I am a student at the University of Technology Sydney.

I am conducting research into midwifery faculty development and would welcome your assistance. The research will involve an interview or a focus group discussion (face-to-face or online) and should take no more than 45 minutes of your time. I have asked you to participate due to your continued involvement in programs and activities aimed at strengthening midwifery education at national, regional and/or international levels.

This research is for my PhD degree.

If you are interested in participating, I would be glad if you would contact me at Rachel.smith@uts.edu.au or phone +61 [redacted].

You are under no obligation to participate in this research.

Yours sincerely,

Rachel Smith
PhD Candidate
UTS Faculty of Health

Rachel.smith@uts.edu.au

NOTE:

This study has been approved by the University of Technology, Sydney Human Research Ethics Committee. If you have any complaints or reservations about any aspect of your participation in this research which you cannot resolve with the researcher, you may contact the Ethics Committee through the Research Ethics Officer (ph: +61 2 9514 2478 Research.Ethics@uts.edu.au), and quote this is UTS HREC REF NO. ETH23-8059 reference number. Any complaint you make will be treated in confidence and investigated fully and you will be informed of the outcome.

PARTICIPANT INFORMATION SHEET – Expert Focus Groups

UTS HREC REF NO. ETH23-8059 - EXPLORING MIDWIFERY FACULTY DEVELOPMENT IN ASIA PACIFIC REGION

WHO IS CONDUCTING THIS RESEARCH?

My name is Rachel Smith, and I am a student at UTS. My supervisors are Professors Joanne Gray and Caroline Homer

WHAT IS THE RESEARCH ABOUT?

High-level reports have identified that in order to improve pregnancy, birth and newborn outcomes, midwives need to be educated and regulated to global standards. The provision of high-quality midwifery care is reliant on high-quality education programs delivered by well-prepared and supported Faculty (Academics/teachers). The purpose of this research is to identify high-level action and support required to ensure a focus on midwifery faculty and faculty development.

WHY HAVE I BEEN INVITED?

You have been invited to participate because of your continued involvement in programs and activities aimed at strengthening midwifery education at national, regional and/or international level.

FUNDING

No funding has been received for this project.

WHAT DOES MY PARTICIPATION INVOLVE?

If you decide to participate, we will invite you to take part in an interview or focus group discussion (FGD). The FGD will most likely take place online through the Zoom platform, however, if the opportunity arises, we may offer to interview you face-to-face. Interviews and focus group discussions will take no longer than 45 minutes and will be audio recorded.

ARE THERE ANY RISKS/INCONVENIENCE?

Yes, there are some risks/inconveniences. These may include some inconvenience due to the time the interview/FGD will take, and the thought processes required to recall information. We have minimised these risks by ensuring we provide a time limit for the interview/FGD and by allowing you time to prepare for the interview/FGD prior to proceeding.

DO I HAVE TO TAKE PART IN THIS RESEARCH PROJECT?

Participation in this study is voluntary. It is completely up to you whether or not you decide to take part.

If you decide not to participate, or to withdraw from the study, it will not affect your relationship with the researchers or the University of Technology Sydney.

WHAT IF I WITHDRAW FROM THIS RESEARCH PROJECT?

If you wish to withdraw from the study once it has started, you can do so at any time without having to give a reason, by contacting Rachel Smith (Rachel.smith@uts.edu.au). If you withdraw from the study, any of your audio recordings, transcripts, and any notes that had been made will be destroyed and will not be used. However, it may not be possible to withdraw your data from the study results if these have already had your identifying details removed.

WHAT WILL HAPPEN TO INFORMATION ABOUT ME?

By agreeing to participate and providing verbal consent, you consent to the research team collecting and using personal information about you for the research project. All this information will be treated confidentially. All information collected will be de-identified and a participant number assigned to your responses. It is possible that you could be potentially re-identified from the audio recordings (i.e. through your voice). Prior to transcription, the recordings will be kept in a password protected file accessible only by Rachel Smith and her supervisors. Audio recordings will be transcribed by a confidential transcription service within 6 weeks of interviews, and, voice files destroyed within one month of transcription to minimise this risk.

Your information will only be used for the purpose of this research project, and it will only be disclosed with your permission, except as required by law.

It is anticipated that the results of this research project will be published and/or presented in a variety of forums including in peer-reviewed journals or books, at conference and/or seminar presentations, and presented and discussed as part of the requirements of my PhD thesis. In any publication and/or presentation, information will be provided in such a way that you cannot be identified, except with your permission.

In accordance with relevant Australian and/or NSW Privacy laws, you have the right to request access to the information about you that is collected and stored by the research team. You also have the right to request that any information with which you disagree be corrected. Please inform the research team member named at the end of this document if you would like to access your information.

The results of this research may also be shared through open access (public) scientific databases, including internet databases. This will enable other researchers to use the data to investigate other important research questions. Results shared in this way will always be de-identified by removing all personal information (e.g. name, address, date of birth etc.).

WHAT IF I HAVE ANY QUERIES OR CONCERNS?

If you have queries or concerns about the research that you think I or my supervisors can help you with, please feel free to contact me on Rachel.smith@uts.edu.au or either of my supervisors on joanne.gray@uts.edu.ay and/or caroline.homer@burnet.edu.au . You will be given a copy of this form to keep.

NOTE:

This study has been approved in line with the University of Technology Sydney Human Research Ethics Committee [UTS HREC] guidelines. If you have any concerns or complaints about any aspect of the conduct of this research that you wish to raise independently of the research team, please contact the Ethics Secretariat on ph.: +61 2 9514 2478 or email: Research.Ethics@uts.edu.au], and quote this UTS HREC REF NO. ETH23-8059. Any matter raised will be treated confidentially, investigated and you will be informed of the outcome.

VERBAL CONSENT SCRIPT (for online interviews/FGD)

UTS HREC REF NO. ETH23-8059 - EXPLORING MIDWIFERY FACULTY DEVELOPMENT IN ASIA PACIFIC REGION

Interview no:	
Date:	
Time:	
Interviewer:	

Thank you for agreeing to speak with me today about your experience as an expert in the field of midwifery education and midwifery faculty development. The interview will take approximately 45 minutes. If you feel that you would rather not go on with the interview that is fine too.

[Wait for participant to confirm they are happy to continue, otherwise thank them for their time.]

Thank you. Now I just need to confirm some information about you, and I'm going to start audio recording. This will help us to accurately record your responses, but all this information will remain completely confidential. Is that OK?

First, I need to ask you some questions to confirm that you consent to participating. Remember, even after you've answered these questions, you can withdraw your consent at any time during the interview or after the interview. However, it may not be possible to withdraw your data from the study results if these have already had your identifying details removed.

The consent questions are:

Question	Yes	No
Have you read the information contained in the participant information sheet?		
Have you had an opportunity to ask questions and are you satisfied with the answers you have received?		
Do you understand that there may be risks/inconveniences such as the time the interview will take, and the thinking required to answer the questions?		
Do you understand that the research will produce reports, academic work and/or peer-reviewed articles?		

Do you freely agree to participate in this activity, with the understanding that you may withdraw at any time?		
Do you agree to having this interview audio recorded and transcribed?		

(If answered NO to any of these – clarify and/or discontinue interview)

If you have any concerns about the research, you can contact Rachel Smith – Rachel.smith@uts.edu.au

If you would like to talk to someone who is not connected with the research, you may contact the Research Ethics Officer on 02 9514 9772 or Research.ethics@uts.edu.au and quote this number UTS HREC REF NO. ETH23-8059

If the participant declines to provide verbal consent:

Interview no. _____ read the verbal consent script (or had it read to them) and agreed not to

INVITATION LETTER/SCRIPT - Interviews

UTS HREC REF NO. ETH23-8059

PROJECT TITLE: EXPLORING MIDWIFERY FACULTY DEVELOPMENT IN ASIA PACIFIC REGION

Greetings,

My name is Rachel Smith, and I am a student at the University of Technology Sydney.

I am conducting research into midwifery faculty development and would welcome your assistance. The research will involve an interview (face-to-face or online) and should take no more than 45 minutes of your time. I have asked you to participate as a midwifery clinician who is planning to move into teaching midwifery at university/college.

This research is for my PhD degree.

If you are interested in participating, I would be glad if you would contact me at Rachel.smith@uts.edu.au or phone +61 .

You are under no obligation to participate in this research.

Yours sincerely,

Rachel Smith
PhD Candidate
UTS Faculty of Health

Rachel.smith@uts.edu.au

NOTE:

This study has been approved by the University of Technology, Sydney Human Research Ethics Committee. If you have any complaints or reservations about any aspect of your participation in this research which you cannot resolve with the researcher, you may contact the Ethics Committee through the Research Ethics Officer (ph: +61 2 9514 2478 Research.Ethics@uts.edu.au), and quote the is UTS HREC REF NO. ETH23-8059. Any complaint you make will be treated in confidence and investigated fully and you will be informed of the outcome.

PARTICIPANT INFORMATION SHEET - Interviews

UTS HREC REF NO. ETH23-8059 EXPLORING MIDWIFERY FACULTY DEVELOPMENT IN ASIA PACIFIC REGION

WHO IS CONDUCTING THIS RESEARCH?

My name is Rachel Smith, and I am a student at UTS. My supervisors are Professors Joanne Gray and Caroline Homer

WHAT IS THE RESEARCH ABOUT?

High-level reports have identified that in order to improve pregnancy, birth and newborn outcomes, midwives need to be educated and regulated to global standards. The provision of high-quality midwifery care is reliant on high-quality education programs delivered by well-prepared and supported Faculty (Academics/teachers). High-level reports also recommend that midwifery faculty members maintain clinical competence, however, we know that this difficult for many faculty members. The purpose of this research is to identify barriers and enablers for faculty in the maintenance of clinical competence.

WHY HAVE I BEEN INVITED?

You have been invited to participate because of your work as a faculty member teaching midwifery education in a university/college.

FUNDING

No funding has been received for this project.

WHAT DOES MY PARTICIPATION INVOLVE?

If you decide to participate, we will invite you to take part in an individual semi-structured interview. The interview will most likely take place online through the Zoom platform, however, if the opportunity arises, we may offer to interview you face-to-face. Interviews will take no longer than 45 minutes and will be audio recorded.

ARE THERE ANY RISKS/INCONVENIENCE?

Yes, there are some risks/inconveniences. These may include some inconvenience due to the time the interview will take, and that you may not be supported to maintain clinical competence, and this might cause you some stress or frustration. We will ensure that the interview does not take longer than planned, and the interviews will be conducted by experienced researchers who will be able to discuss your responses and how they make you feel and provide reassurance and support. The interview can be ceased at any time should you feel you are not able to continue.

DO I HAVE TO TAKE PART IN THIS RESEARCH PROJECT?

Participation in this study is voluntary. It is completely up to you whether or not you decide to take part.

If you decide not to participate, or to withdraw from the study, it will not affect your relationship with the researchers or the University of Technology Sydney.

WHAT IF I WITHDRAW FROM THIS RESEARCH PROJECT?

If you wish to withdraw from the study once it has started, you can do so at any time without having to give a reason, by contacting Rachel Smith (Rachel.smith@uts.edu.au). If you withdraw from the study, any of your audio recordings, transcripts, and any notes that had been made will be destroyed and will not be used. However, it may not be possible to withdraw your data from the study results if these have already had your identifying details removed.

WHAT WILL HAPPEN TO INFORMATION ABOUT ME?

By signing the consent form, you consent to the research team collecting and using personal information about you for the research project. All this information will be treated confidentially. All information collected will be de-identified and a participant number assigned to the data. It is possible that you could be potentially re-identified from the audio recordings (i.e. through your voice). Prior to transcription, the recordings will be kept in a password protected file accessible only by Rachel Smith. Audio recordings will be transcribed by a confidential transcription service within 6 weeks interviews, and, voice files destroyed within one month of transcription to minimise this risk.

Your information will only be used for the purpose of this research project, and it will only be disclosed with your permission, except as required by law.

It is anticipated that the results of this research project will be published and/or presented in a variety of forums including in peer-reviewed journals or books, at conference and/or seminar presentations, and presented and discussed as part of the requirements of my PhD thesis. In any publication and/or presentation, information will be provided in such a way that you cannot be identified, except with your permission.

In accordance with relevant Australian and/or NSW Privacy laws, you have the right to request access to the information about you that is collected and stored by the research team. You also have the right to request that any information with which you disagree be corrected. Please inform the research team member named at the end of this document if you would like to access your information.

The results of this research may also be shared through open access (public) scientific databases, including internet databases. This will enable other researchers to use the data to investigate other important research questions. Results shared in this way will always be de-identified by removing all personal information (e.g. name, address, date of birth etc.).

WHAT IF I HAVE ANY QUERIES OR CONCERNS?

If you have queries or concerns about the research that you think I or my supervisors can help you with, please feel free to contact me on Rachel.smith@uts.edu.au or either of my supervisors on joanne.gray@uts.edu.ay and/or caroline.homer@burnet.edu.au. You will be given a copy of this form to keep.

NOTE:

This study has been approved in line with the University of Technology Sydney Human Research Ethics Committee [UTS HREC] guidelines. If you have any concerns or complaints about any aspect of the conduct of this research that you wish to raise independently of the research team, please contact the Ethics Secretariat on ph.: +61 2 9514 2478 or email: Research.Ethics@uts.edu.au], and quote this UTS HREC REF NO. ETH23-8059. Any matter raised will be treated confidentially, investigated and you will be informed of the outcome.

ONLINE SURVEY INFORMATION SHEET

UTS HREC REF NO. ETH23-8059 - EXPLORING MIDWIFERY FACULTY DEVELOPMENT IN ASIA PACIFIC REGION

WHO IS CONDUCTING THIS RESEARCH?

My name is Rachel Smith and I am a student at UTS. My supervisors are Professors Joanne Gray (joanne.gray@uts.edu.au) and Caroline Homer (caroline.homer@burnet.edu.au)

WHAT IS THE RESEARCH ABOUT?

The purpose of this research/online survey is to explore the development needs of midwifery faculty working in the Asia Pacific region. The research should identify and prioritise Faculty needs and inform the development of future faculty development programs and activities.

You have been invited to participate because you teach in a midwifery education program in a university/college. Before you decide to participate in this research study, we need to ensure that it is ok for you to take part. You can complete the survey if:

- You work in an education institution where midwifery is taught – either as a stand-alone program or if taught as part of a nursing education program
- Part of your role includes teaching midwifery

Your contact details were obtained from your participation in online interest groups for faculty development.

FUNDING

No funding has been received for this project.

WHAT DOES MY PARTICIPATION INVOLVE?

Participation in this study is voluntary. It is completely up to you whether you decide to take part.

If you decide to participate, I will invite you to complete an online survey and will provide you with a link to the survey. The survey should take you about 20 minutes to complete. Prior to commencing the survey questions, you will be asked if you consent to completing the survey and having the data you enter collected and analysed. There will be no identifying data collected in the survey.

You can change your mind at any time during the survey and stop completing the survey without consequences.

ARE THERE ANY RISKS/INCONVENIENCE?

The only potential inconvenience is the time it will take you to complete the survey.

WHAT WILL HAPPEN TO INFORMATION ABOUT ME?

Access to the online questionnaire is via Redcap. Redcap is a secure web application for managing online surveys. Submission of the online questionnaire/s is an indication of your consent.

In any publication and/or presentation, information will be provided in such a way that you cannot be identified, as no identifying data will be collected.

In accordance with relevant Australian and/or NSW Privacy laws, you have the right to request access to the information about you that is collected and stored by the research team. You also have the right to request that any information with which you disagree be corrected. Please inform the research team member named at the end of this document if you would like to access your information. This will only be possible if you provide personal information which may individually identify you, or be reasonably identifiable (e.g. if any open-text responses contextually identify or re-identify you).

It is anticipated that the results of this research project will be published and/or presented in a variety of forums including in peer-reviewed journals or books, at conference and/or seminar presentations, and presented and discussed as part of the requirements of my PhD thesis. The results of this research may also be shared through open access (public) scientific databases, including internet databases. This will enable other researchers to use the data to investigate other important research questions. Results shared in this way will always be de-identified by removing all personal information (e.g. your name, address, date of birth etc.) and/or any contextual information that could identify you.

WHAT IF I HAVE ANY QUERIES OR CONCERNS?

If you have any queries or concerns about the research that you think I or my supervisor can help you with, please feel free to contact me on Rachel.smith@uts.edu.au

If you would like to talk to someone who is not connected with the research, or if you have any concerns or complaints about any aspect of the conduct of this research that you wish to raise independently of the research team, please contact the Ethics Secretariat on 02 9514 2478 email or Research.ethics@uts.edu.au and quote this UTS HREC REF NO. ETH23-8059. Any matter raised will be treated confidentially, investigated and you will be informed of the outcome.

Appendix B - Learning Needs Assessment Survey Questions

I have read the Participant Information Sheet and consent to the data I enter being used as described in the information sheet

1. What Country do you work in? (list)
2. What is your gender? M/F/Other
3. What is your age? (list)
4. How long have you worked as a faculty member/teacher? (List)
5. If you answered less than 5 years as a member of faculty, do you consent to being contacted to participate in research about pathways to becoming a member of Faculty?
6. Does your current role involve any of the following activities/responsibilities? Check all the boxes that apply
    - Face-to-Face teaching
    - Online or blended teaching
    - Clinical teaching – Simulation
    - Clinical teaching - Clinical environment
    - Curriculum design/Program development
    - Curriculum or Program implementation
    - Research activities
    - Writing for publication
    - Institutional leadership

7. Please rank the activities/responsibilities in order of proportion of your time (with 1 being the most amount of your time), use the N/A if you are not involved in certain activities.

    - Face-to-Face teaching
    - Online or blended teaching
    - Clinical teaching – Simulation
    - Clinical teaching - Clinical environment
    - Curriculum design/Program development
    - Curriculum or Program implementation
    - Research activities
    - Writing for publication
    - Institutional leadership

Capacity strengthening (Likert)

8. I would like to strengthen my capacity in face-to-face teaching
9. I would like to strengthen my capacity in blended/online teaching
10. I would like to strengthen my capacity in clinical teaching using simulation
11. I would like to strengthen my capacity in clinical teaching in the clinical environment
12. I would like to strengthen my capacity in curriculum design/program development
13. I would like to strengthen my capacity in the conduct of research
14. I would like to strengthen my capacity in writing for publication
15. I would like to strengthen my capacity in management and leadership

16. In addition to roles mentioned above, are there other areas of your Faculty role would you like to strengthen your capacity in capacity in? (free text)
17. Please list your top three areas/topics you would like to strengthen to assist you in your role (1-3)
18. Have you had access to any formal Faculty Development programs/courses in the past five (5) years (Yes/No)
19. If you have had access to formal Faculty Development in the last five (5) years - who provided the program/course?

    Check all that apply. (List)

    - My education institution (School/University) formal development program
    - Programs provided by external/international universities - please provide detail in comment section
    - UNFPA Faculty Development Program Modules - COMPLETED ALL 6 INITIAL MODULES
    - UNFPA Faculty Development Program Modules - COMPLETED SOME MODULES ONLY
    - UNFPA Faculty Development Program Modules - STARTED BUT DID NOT COMPLETE
    - Midwifery Educator CPD Package - WCEA/LSTM - COMPLETED ALL MODULES
    - Midwifery Educator CPD Package - WCEA/LSTM - STARTED BUT DID NOT COMPLETE
    - Not Applicable - no access to formal faculty development programs in last five (5) years
    - Other (please specify)

20. What would be your preferred delivery mode of a program of faculty development (1 is your most preferred option and 4 the least preferred)
    - Online only

- Blended - mostly online with limited face-to-face
- Blended - mostly face-to-face with limited online
- Face-to-Face only

21. Please tell me why the top option you chose for Q22 is your most preferred (Open text)
22. What would be your preferred format/schedule for a 10-day (face-to-face or online) equivalent program of faculty development (1 is your most preferred option and 4 your least preferred)
    - Single point-in-time 10-day intensive program (over 2 weeks)
    - One day each week for 10 weeks
    - Half day every two weeks over a period of 6 months
    - One day each month for 10 months
23. Please tell me why the top option you chose for Qxx is your most preferred
24. Do you currently work in midwifery clinical practice? (Yes/No)
25. When did you last spend time working in the clinical area as a midwife? (List)
26. If you are currently unable or not supported to work in the clinical area, please indicate if you would be interested in being contacted for follow-up research on the 'enablers and barriers to maintenance of clinical currency for Faculty' - Participant Information Sheet (Yes/No)
27. Please provide any further comment that may help us determine your needs for developing and strengthening the work you do as midwifery faculty (Free Text)

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