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midwifery education
accreditation council

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April 22, 2015

MEMO TO: Midwifery Stakeholders

FROM: MEAC Board of Directors

RE: Decision against moratorium on out-of-country clinical training

The MEAC Board of Directors met earlier this month to consider stakeholder feedback and workgroup recommendations regarding a moratorium on out-of-country (OOC) clinical training and relevant changes to MEAC Standards. This proved to be one of the most challenging decisions MEAC has made as an organization.

A MEAC-led workgroup made of diverse members representing opposing viewpoints convened in response to NARM's decision to ban OOC training for PEP students. After 12 months of careful research and consideration of the strongly divided opinions of the larger community of stakeholders, the workgroup was unable to reach a consensus recommendation. Likewise, the MEAC Board also struggled to find agreement about the best solution for this complex and multifaceted issue. Ultimately, the Board decided not to impose a moratorium on OOC clinical training.

The Board's decision was largely based on three considerations: 1. stakeholder feedback was highly polarized; 2. ethical issues identified in OOC placements are not unique to clinical training sites outside of the United States; and 3. disruption to member schools would be inherent in the temporary nature of the moratorium.

MEAC received a record number of stakeholder comments on the proposed standard, including nearly 500 completed surveys. This is a testament to how deeply the community cares about these issues. Respondents were deeply divided in their opinions about the issues. Although a simple majority of all respondents were in opposition to the moratorium, there were clear divisions between those who opposed the moratorium (the majority of students), those who supported the moratorium (the majority of faculty), and those who were evenly divided or slightly supported the moratorium (practicing midwives and members of professional midwifery organizations). One area of agreement that emerged from respondents' free-text responses is that there are significant ethical concerns and capacity limitations associated with the clinical training of CPMs *in all settings*, both domestic and international. The need for more regulation of clinical training was a consistent theme across all demographic groups.

Our community is calling for a new vision for the clinical training of midwives.

Creating a new vision for clinical training and addressing the concerns that have been raised is the work of the entire midwifery community. *The responsibility for creating this new vision does not rest with MEAC alone.* MEAC does, however, have ultimate responsibility for setting the standards for midwifery education for MEAC-accredited schools. As such, the Board has committed to the following proactive steps:

- **Starting immediately:** MEAC will prepare a draft set of standards revisions in the areas that address oversight of all clinical training. In the meantime, MEAC calls upon all member schools to carefully consider their ability to provide adequate oversight for OOC placements, and the ethical ramifications of allowing students to obtain training in a context that could cause serious harm to indigenous midwives, mothers, and babies in low-resource communities.
- **By July 1, 2015:** MEAC will convene a multi-stakeholder Task Force to explore domestic and international clinical training issues and create a new vision for the future of clinical training. Part of the work of the Task Force will be to conduct a thorough review of the proposed standards edits. MEAC is pursuing a grant to support the work of the Task Force, working with MANA to hold an in-person Task Force meeting at their 2015 convention in Albuquerque, NM, and working with NACPM to ensure that this important topic is highlighted at their next CPM symposium. Membership in the Task Force will be open to all members of the midwifery community and beyond. Email info@meacschools.org to let us know of your interest in joining.
- **2016:** Adopt new standards for accreditation (timeline dependent upon research and stakeholder feedback).

From the beginning, MEAC understood that no decision on the proposed moratorium could satisfy everyone in the midwifery community. The decision not to enact the proposed moratorium was a difficult one given the gravity of the concerns raised about OOC clinical training. The feedback of the midwifery community, however, highlighted the need for a comprehensive reform of our clinical training models rather than a temporary fix that was certain to have mixed results and the potential for unanticipated consequences. We hope that you will consider your part in supporting the work of the Task Force as we undertake the critical process of creating a comprehensive plan to improve all clinical education.

Sincerely,



Kristi Ridd-Young
President