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NURSING AND MIDWIFERY

EDUCATION POLICY

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LIBERIAN BOARD FOR NURSING AND MIDWIFERY

Nursing and Midwifery Education Policy

Version: 2.0

Date of Issue: November 2025

Place of Publication: Monrovia, Liberia

Effective Date: January 2026

Disclaimer

These policies and guidelines were created and approved by the Liberian Board for Nursing and Midwifery (LBNM), which is the autonomous body responsible for regulating nursing and midwifery education and practice in Liberia. Partners In Health–Liberia (PIH-L) and the University of Global Health Equity (UGHE) offered technical and financial assistance during the policy's creation, but all decisions, standards, and statements found here are solely those of LBNM.

This document does not reflect the policies or views of PIH, UGHE, or any other collaborators. Nothing within these pages should be taken as an official position or endorsement from any partner organization.

TABLE OF CONTENTS

FOREWARD.....	iv
ACKNOWLEDGEMENTS	vi
ABBREVIATIONS AND ACRONYMS.....	vii
OPERATIONAL DEFINITIONS	viii
LBNM MANDATE	1
VISION, MISSION, AND CORE VALUES.....	3
POLICY DEVELOPMENT PROCESS.....	4
SITUATIONAL ANALYSIS.....	5
SWOT Analysis.....	6
1.0 THE NATIONAL EDUCATION POLICY FRAMEWORK.....	8
1.1 Introduction and Background.....	8
1.2 Rationale for the Policy.....	8
1.3 Purpose of the Policy	9
1.4 Scope of Application.....	9
1.5 Policy Goal	9
1.6 Policy Guiding Principles.....	10
2.0 LBNM ACCREDITATION PROCESS.....	12
2.1 Accreditation Process Governance.....	12
2.2 Accreditation Assessment Teams.....	12
2.2.1 Assessment Team Composition.....	12
2.2.2 Eligibility criteria	13
2.3 Assessment Team Roles and Responsibilities	14
2.3.1 Team Lead	14
2.3.2 Coordinator.....	15
2.3.3 Notetaker	15
2.3.4 Observers.....	15
2.4 Policy Implementation Guidelines.....	15
2.4.1 Purpose and Scope	15
2.4.2 Description of the Accreditation Process	16
Stage 1 Accreditation Process Initiation	17
Stage 2 Preparation for Accreditation.....	19
Stage 3 Accreditation Assessment.....	22
Stage 4 Determination and Dissemination of Accreditation.....	26
Stage 5 Monitoring, Quality Assurance, and Compliance	32
3.0 IMPLIMENTATION GUIDELINES	39

3.1 Nursing and Midwifery Educators Requirements	39
3.1.1 Purpose and Scope	39
3.1.2 Nurse/Midwife Educator Requirements.....	39
3.1.3 Eligibility Criteria for Educators	40
3.2 Student Admission Eligibility Criteria.....	42
3.2.1 Purpose and Scope	42
3.2.2 Admission/Eligibility Criteria.....	43
3.3 Management of students in Training.....	45
3.3.1 Purpose and Scope	45
3.3.2 Indexing Process.....	45
3.3.3 Training Disruptions	45
3.3.4 Re-entry to training.....	46
3.4 Nurses and Midwives Trained Outside Liberia (NMTOL)....	47
3.4.1 Purpose and Scope	47
3.4.2 Criteria for application	47
3.4.3 NMTOL Registration Process	48
3.5 Clinical Internship/ Affiliation	48
3.5.1 Purpose and Scope	48
3.5.2 Description of Clinical Affiliation/Internship.....	48
3.5.3 Eligibility Criteria	49
3.5.4 Affiliation/ Internship Process and Requirements	49
3.6 Professional Academic Pathways	50
3.6.1 Purpose and Scope	50
3.6.2 Academic and Career Progression Structure.....	50
4.0 POLICY IMPLEMENTATION FRAMEWORK.....	52
4.1 Legal Framework	52
4.2 Institutional Framework	52
4.3 Policy Supporting Documents	53
5.0 POLICY MONITORING AND EVALUATION.....	54
6.1 Monitoring & Evaluation	54
6.2 Reporting.....	54
6.3 Review.....	54
6.4 Policy Progress Indicators.....	55
BIBLIOGRAPHY	56

FOREWARD

The Liberian Board for Nursing and Midwifery (LBNM) is an autonomous agency with exclusive power and authority to regulate and monitor nursing and midwifery education & practice in the Republic of Liberia as mandated by the Nurses & Midwives Act of the Liberian Code of laws. This mandate is to set procedures, guidelines, & Standards for the establishment & accreditation of nursing and midwifery training Institution in the Republic of Liberia.

It is with great pride and purpose that I present the National Education Policy and Implementation Guidelines. This landmark document represents a collective commitment to advancing nursing and midwifery education in Liberia, ensuring that our workforce is equipped to meet the evolving health needs of our nation.

The policy is grounded in international standards while firmly rooted in Liberia's realities. It reflects the voices of regulators, educators, clinicians, students, and partners who contributed their expertise and lived experiences throughout its development. Their insights have shaped a framework that is both aspirational, setting a vision for excellence and practical implementation.

At its core, this policy seeks to set the direction to institutional accreditation, strengthen competency-based education, promote evidence-informed teaching and learning, and align nursing and midwifery institutional operations with national and international standards while at the same time addressing health priorities. It emphasizes the importance of safeguarding, professional ethics, and lifelong learning, ensuring that nurses and midwives remain trusted pillars of our health system.

The implementation guidelines provide actionable steps for institutions, faculty, and clinical sites to operationalize this vision. They call for collaboration, accountability, and innovation, recognizing that the

success of this policy depends on the collective efforts of all stakeholders.

On behalf of the LBNM, I extend deep gratitude to the Ministry of Health, our academic and clinical partners, and the dedicated educators and students who will bring this policy to life. Your resilience and professionalism are the heartbeat of nursing and midwifery in Liberia.

May this document serve as a guide and an inspiration in charting a bold path forward for nursing and midwifery education, and ultimately, for the health and well-being of every Liberian.



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ACKNOWLEDGEMENTS

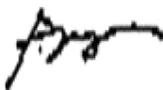
The Liberian Board for Nursing and Midwifery (LBNM) extends its deepest gratitude to the Ministry of Health Liberia, all nursing and midwifery training institutions and clinical sites whose dedication and expertise have been instrumental in developing this educational policy. This document embodies a shared vision to strengthen nursing and midwifery education in Liberia, anchored in global standards and responsive to local realities.

Special appreciation is extended to Partners In Health–Liberia (PIH-L) and the University of Global Health Equity (UGHE) for their financial and technical support to advancing nursing and midwifery education and practice in Liberia.

We are profoundly grateful to the educators, clinicians, and regulatory experts who engaged in consultative workshops, technical reviews, validation sessions, and consensus-building meetings. Your insights and lived experiences have shaped a policy that is both aspirational and practical.

To the faculty, clinical instructors, preceptors, and students across Liberia who will bring this policy to life, your resilience, professionalism, and passion for evidence-based teaching and learning are the heartbeat of this initiative. May it serve as a foundation for your continued growth and impact.

Finally, we recognize the tireless efforts of the LBNM Secretariat and the National Technical Working Group (NTWG). Through your coordination, drafting, and stakeholder engagement, this policy has become a reality. Your work honors the legacy of nursing and midwifery in Liberia and charts a bold path forward.



Mr. Humphrey Gibbs Loweal, MSN-Ed, BSN, RN, FWAPCNM
Chairperson
Liberian Board for Nursing and Midwifery

ABBREVIATIONS AND ACRONYMS

BSN	Bachelor of Science in Nursing
BSM	Bachelor of Science in Midwifery
CPD	Continuing Professional Development
DNP	Doctor of Nursing Practice
ICN	International Council of Nurses
ICM	International Confederation of Midwives
LBNM	Liberian Board for Nursing and Midwifery
MOE	Ministry of Education
MOH	Ministry of Health
MOU	Memorandum of Understanding
NMTOL	Nurses & Midwives Trained Outside Liberia
NTWG	National Technical Working Group
OSCE	Objective Structured Clinical Examination
PhD	Doctor of Philosophy
PIH	Partners In Health
SDG	Sustainable Development Goal
UGHE	University of Global Health Equity
WAEC	West African Examinations Council
WAHO	West Africa Health Organization
WAPCNM	West African Postgraduate College of Nurses & Midwives
WASSCE	West African Senior School Certificate Examination
WHO	World Health Organization

OPERATIONAL DEFINITIONS

1. **Academic Integrity:** Documentation in the submission or in support of the submission is true and correct and is the original work of the education provider except in so far as acknowledgement is made to other sources.
2. **Accreditation Guidelines:** The National Guidelines for the Accreditation of Nursing and Midwifery Programs in Liberia.
3. **Course:** A single subject of study, usually part of an education program leading to a qualification in nursing and/or midwifery, generally leading to registration in Liberia.
4. **Education Provider:** A higher education institution, or a registered training organization, responsible for a program, the graduates of which are eligible to apply for registration as a nurse or midwife.
5. **Mandatory Interim Report:** A report required from the education provider six months after the first cohort of students graduates from an LBNM accredited program.
6. **Modification of a Program:** Changes to a currently accredited nursing or midwifery program that does not constitute accreditation of a new program, e.g., new campus, new Head of School, new delivery mode, etc.
7. **Monitoring/Quality Assurance:** LBNM is mandated to monitor accredited programs and education providers to ensure that the programs and providers continue to meet approved accreditation standards for the profession throughout the accreditation period.
8. **OSCE:** Objective Structured Clinical Examination is used for the evaluation of skill and procedure at the end of a study term.
9. **Program:** A full period of study and experience that are required to be undertaken before a qualification recognized by LBNM can be awarded.
10. **Proposed training institution:** Any new institution submitting a letter of intention for starting a nursing/midwifery training program.

11. **Submission:** Documents provided to LBNM for either accreditation of a new program or modifications to a currently accredited program.
12. **Guidelines:** A document which provides a set of standards and procedures to be followed for a specific course of action.
13. **Nurse or midwife educator:** A person who has successfully undergone relevant training and acquired relevant academic and professional qualifications and is currently involved in the teaching of student nurses and midwives either in an approved training institution or clinical setting.
14. **Compliance** -Adherence to all applicable laws, regulations, standards, policies, and directives issued by LBNM and other competent authorities, demonstrated through evidence that nursing and midwifery institutions, programs, and practitioners are meeting the minimum required regulatory obligations.
15. **Quality Assurance** - A coordinated, systematic process of setting standards, monitoring performance, assessing results, and implementing improvements to ensure that nursing and midwifery education, clinical training, and practice are safe, effective, and continuously enhanced beyond minimum compliance requirements.

LBNM MANDATE

The Liberian Board for Nursing and Midwifery (LBNM) is the legal authority established by the Nurses & Midwives Act of the Liberian Code of laws to regulate nursing and midwifery education and practice in Liberia. Chapters 65 and 66 of Title 33 of the Nurses and Midwives Practice Act grants LBNM autonomy to set and enforce standards for the nursing and midwifery professions¹. In this capacity, LBNM oversees the training, credentialing, and professional conduct of nurses and midwives to ensure public health and safety.

LBNM traces its origins to the Liberian Board for Nurse Examiners (LBNE), which was established in 1948 by the Liberian Nurses Association. The following year, in 1949, the Legislature passed the Nurse Practice Act, formally recognizing nursing regulation in Liberia. By 1952, licensed practical nurses and midwives were incorporated as auxiliary members of the Board, and in 1958 the Liberian Council of Midwives (LCM) was created to support the Board's functions. In 1975, the LBNE and LCM merged to form the unified LBNM. LBNM's authority was later strengthened through legal amendments in 2016 that affirmed its autonomy and exclusive regulatory powers.

The functions of LBNM are as follows:

- a. Register all persons engaging in, or desiring to engage in, the practice of nursing and midwifery.
- b. Establish the procedures and set guidelines for the licensure of all persons engaging in, or desiring to engage in, the practice of nursing and midwifery.
- c. Issue licenses to persons engaging in, or desiring to engage in, the practice of nursing and midwifery within the Republic of Liberia who have graduated from an accredited school of nursing, midwifery or advanced nurse or midwife school.
- d. Create, maintain, and update the records of all its members including all categories of nurses and midwives.
- e. Establish procedures and requirements for the registration of nurse aides and traditional birth attendants.

- f. Set procedures, guidelines and standards for the establishment and accreditation of nursing and midwifery and training institutions in the Republic of Liberia.
- g. Accredite nursing and midwifery basic and post basic programs.
- h. Develop and harmonize the curriculum of the nursing and midwifery training institutions and ensure adherence to the curriculum.
- i. Monitor nursing and midwifery schools for compliance with quality assurance standards.
- j. Monitor and evaluate nursing and midwifery practices for compliance with technical practice.
- k. Mentor new graduates in customer service and nursing and midwifery knowledge and skills.

VISION, MISSION, AND CORE VALUES

The **Vision** of LBNM is to serve as the ultimate authority in regulating the nursing and midwifery professions in Liberia and ensure professional excellence in nursing and midwifery education and practice.

The **Mission** is to protect the public's health and safety by ensuring that all nurses and midwives are competent, ethical practitioners with the knowledge and skills required to provide high quality and safe health services to the people of Liberia.

The **LBNM Core Values** are:



Protection of the public: prioritize the protection of the public through rigorous safety measures, proactive policies and swift response to ensure their well-being and security



Compassion and kindness: embrace compassion and kindness, fostering a positive environment where empathy and understanding create connections and contribute to collective well-being and harmony.



Respect for life: cultivate a deep respect for life, recognizing its inherent value and promoting compassion, empathy, and ethical considerations in all actions and decisions



Safety: prioritize safety by implementing robust measures, promoting awareness, fostering a culture that ensures the well-being and security of all.



Excellence and professionalism: strive for excellence and professionalism in every endeavor to achieve optimal results and build a successful and reputable career.

POLICY DEVELOPMENT PROCESS

The development of the Nursing and Midwifery Education Policy was led by the Liberian Board for Nursing and Midwifery (LBNM) through a structured, participatory, and evidence-informed process from 2024–2025. LBNM convened a multi-sectoral National Technical Working Group (NTWG) comprising representatives from training institutions, clinical training sites, hospital leadership, practicing nurses and midwives, the Ministry of Health (MoH), professional associations, and key partners including international technical assistance. A national baseline assessment and situational analysis were conducted to identify gaps in education, accreditation, clinical practice, and clinical training. This was complemented by review of national health vital statistics.

A comprehensive desk review benchmarked Liberia's standards against global and regional guidance from WHO²⁻⁴, ICN^{2,5-7}, ICM⁸⁻¹⁵, WAPCNM, and existing LBNM regulatory instruments. Using this evidence, the NTWG drafted an education integrated policy framework covering institutional education and curriculum standards, clinical learning environments, supervision and preceptorship, simulation and skills laboratories, assessment and evaluation, and accreditation and compliance procedures.

The drafts underwent successive national stakeholder review and validation meetings to ensure legal soundness, feasibility, and alignment with the Liberia Nursing and Midwifery Practice Act (as amended in 2016), and international standards. Following incorporation of stakeholder inputs and internal legal and technical reviews, the education policy was finalized and submitted to the LBNM Board for formal endorsement, thereby establishing a unified, legally grounded framework to guide nursing and midwifery education and clinical training in the Republic of Liberia.

SITUATIONAL ANALYSIS

The situational analysis findings show that nurses, midwives, faculty, and institutional leaders generally view the LBNM education standards as relevant, feasible, and broadly aligned with international best practice. Respondents of the baseline survey felt that the accreditation standards help raise training quality, promote compliance, and position Liberian nursing and midwifery training programs on par with global expectations. However, there were mixed views on how well the accreditation tools were used in the past to fit institutions offering different types of training programs. Concerns were raised about the adequacy of clinical exposure, and uneven supervision at clinical sites alongside limited regulatory oversight to the clinical training sites.

Stakeholders recommended revising the LBNM standards of nursing and midwifery education to safeguard educational quality. Key recommendations on the accreditation standards included refining and differentiating criteria by institution type, reviewing the structure and grading of standards, adjusting the assessment schedule to ensure more robust, fair evaluations. Other recommendations included, simulation and library requirements, student–faculty/preceptor ratios, clinical workload aligning with students’ population, and maximum cohort sizes per school. An objective assessment must be conducted to evaluate institutional learning resources to determine the maximum number of students each school may admit per cohort, and this must be clearly documented in the accreditation assessment outcome.

These recommendations were addressed through targeted revisions to the accreditation tools, education, indexing, clinical training, and clinical practice policies, guided by LBNM regulatory frameworks, and relevant national, regional and international standards. Collectively, these changes strengthened the legitimacy, feasibility, and impact of the new LBNM’s education policy framework in safeguarding the quality of nursing and midwifery education and practice in Liberia.

SWOT Analysis

a. Strengths

LBNM operates under a robust legal framework with a dedicated professional Secretariat, well-structured office systems, and the capacity to mobilize resources to efficiently fulfill their regulatory responsibilities. Notable strengths of the LBNM include a complimentary, evidence-based digital CPD platform; digitized student indexing and systems for licensure; and ongoing accreditation and quality assurance processes informed by peer review and established regulatory policies.

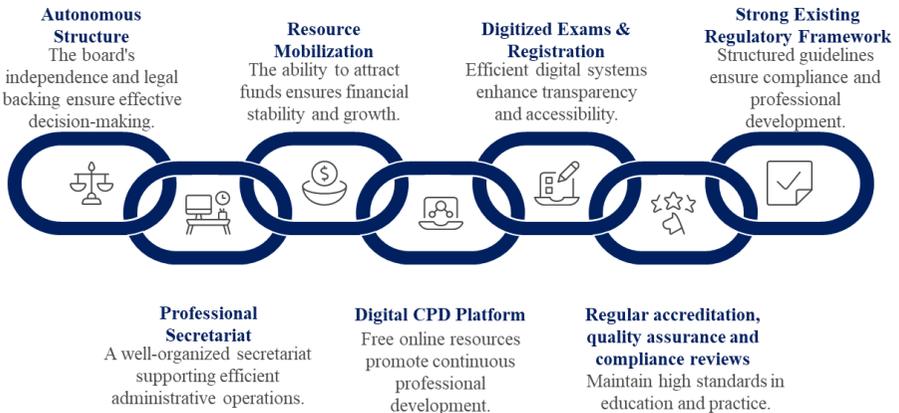


Figure 1: LBNM Strengths

b. Weaknesses

However, challenges persist, including lack of integrated supportive supervision and post-accreditation of spot checks. A manual license renewal process added administrative burdens. Issues such as a single accreditation tool for all institutions, the absence of guidelines on nursing & midwifery educator profiling, and limited IT skills for digital system processes hinder operational efficiency. Limited political will and inadequate government funding impede growth, while non-compliance by some training institutions and their clinical sites,

compromise educational standards. Shortage of nursing/midwifery faculty remains a major challenge.

c. Opportunities

LBNM's legal mandate grants the autonomy and authority to generate revenue for running critical activities. LBNM has also established strategic working partnerships and networks, leveraging its legal mandate to strengthen regulation and advocacy. Ongoing digitalization initiatives and collaboration with national, regional and international regulatory bodies create opportunities for process improvement, efficiency, and global recognition. Human resource development through appropriate budgetary allocations can further strengthen capacity-building efforts and enhance accreditation processes and other regulatory functions.

d. Threats

Despite progress, the LBNM encounters threats such as the proliferation of unauthorized training schools that undermine quality and standardization efforts. Political interference surrounding the establishment of educational institutions does not change LBNM's quality requirements, but it unduly complicates, delays, and burdens the Board's regulatory processes. Non-compliance by institutions threatens quality nursing and midwifery education. Emerging unauthorized nurse aide schools complicate the nursing and midwifery quality of care in the country. Inadequate practical training sites, limited staff involvement in preceptorship/mentorship, hinders skill development and clinical competency. Robust quality assurance and compliance remain a persistent challenge amidst these threat

1.0 THE NATIONAL EDUCATION POLICY FRAMEWORK

1.1 Introduction and Background

Nursing and midwifery education plays an important role in preparing individuals for nursing and midwifery practice. In the Liberian context, nursing and midwifery training occurs at basic and post-basic levels under competency-based models of training. The levels of training nurses and midwives in Liberia ranges from diploma to post-graduate level with specialized programs. LBNM establishes and examines the qualifications, competencies, training and experience required of a nurse or midwife applying for registration and licensure.

The history of nursing and midwifery education in Liberia dates to 1921 when the first formal nursing/midwifery school was established in Harrisburg, Montserrado County. Prior to this, nursing and midwifery programs were apprenticeship-based. The past of nursing and midwifery education has however continued to shape its present and the future. Due to the complexity of the environment within which nurses and midwives are trained and working, there is a need for continuous review of the education standards to reflect emerging paradigm shifts. This policy seeks to standardize nursing and midwifery education in Liberia.

The pillars of nursing and midwifery education are quality clinical practice, leadership and management, education, and research. To achieve these pillars, there is a need for strong regulation and innovation within the body of nursing and midwifery training to protect the quality of graduates and health-care services offered to the public.

1.2 Rationale for the Policy

The rationale of this Policy is to ensure that:

- a) gaps are bridged in the provision of appropriate policy framework for the establishment and operationalization of nursing and midwifery education;
- b) nurses and midwives are well-prepared to provide high-quality healthcare;

- c) education programs align with current healthcare needs, evidence-based practices, and technological advancements;
- d) continuing professional development programs are embedded in lifelong learning for nurses and midwives;
- e) a robust regulatory mechanism is put in place to attain competence in nursing and midwifery practice; and
- f) a well-defined policy standards, curricula, and assessment methods exist to maintain a skilled workforce and ensure workforce competence.

1.3 Purpose of the Policy

The purpose of this nursing and midwifery education policy is to provide direction to promote and uphold the highest professional standards in nursing and midwifery in Liberia. LBNM exists to ensure that those who hold the title of nurse or midwife in Liberia are competent, ethical professionals equipped with the knowledge and skills required to provide safe, high-quality health services to the public. This policy thus aims at protecting the public by ensuring that nurses and midwives have the necessary competencies to meet population health needs.

1.4 Scope of Application

This Policy shall apply to:

- a) all persons or institutions who intend to engage in nursing and midwifery education and practice in the Republic of Liberia;
- b) persons trained in or outside Liberia and seek registration and licensure to practice nursing and midwifery in the Republic of Liberia; and
- c) nursing and midwifery students trained in the Republic of Liberia.

1.5 Policy Goal

This Policy aims to provide guidance to nursing and midwifery education and practice, which is based on a systematic and procedural framework focused on quality training that responds to population health needs as well as to health trends and technological advancements. The process ensures the availability of competent nurses and midwives,

increasing qualified healthcare workers with the corresponding skill mix.

This Policy Framework is developed to guide the planning, implementation, regulation, quality assurance, and accreditation of nursing and midwifery education in Liberia, in accordance with the guiding principles below.

1.6 Policy Guiding Principles

- a. **Legitimacy** - Nursing and midwifery education standards, quality assurance mechanisms, accreditation and monitoring processes shall be legitimate and consistent with all relevant laws of the Republic of Liberia.
- b. **Validity** - Nursing and midwifery education standards shall be valid, appropriate, and evidence-based. Procedures shall support competency outcomes and other specified purposes of education and regulation, while respecting the academic autonomy of education providers.
- c. **Efficiency** - Promote the effective and streamlined use of resources, both human and material, to achieve educational objectives without unnecessary delays or waste.
- d. **Accountability** - Hold all stakeholders responsible for their roles in the education, training, and regulation of nursing and midwifery professionals, ensuring that actions are answerable and transparent.
- e. **Transparency** - Processes and outcomes related to nursing and midwifery education, quality assurance, and accreditation shall be transparent to key stakeholders, so that the validity and appropriateness of decisions are apparent.
- f. **Procedural Fairness** - Policies, standards, and procedures shall be applied consistently and equitably.
- g. **Innovation, Flexibility, and Responsiveness** - Adapt swiftly to emerging trends, technological advancements, and

innovations in clinical training and healthcare simulations. The policy is sufficiently flexible to be enabling rather than too prescriptive.

- h. **Quality Assurance and continuous Improvement** - Regular evaluation, periodic policy review cycles, and evidence-based revisions shall ensure that nursing and midwifery education remains relevant, effective, and aligned with the evolving health landscape in Liberia.

2.0 LBNM ACCREDITATION PROCESS

2.1 Accreditation Process Governance

Accreditation of nursing and midwifery education programs in Liberia is guided by LBNM statutory leadership. The governance structure is composed of a statutory committee that leads a set of trained assessors. To implement the accreditation process, LBNM establishes accreditation committee responsible for conducting assessments, evaluations, quality assurance & compliance checks to make recommendations on the accreditation outcome of all nursing and midwifery training programs and institutions.

2.2 Accreditation Assessment Teams

The Registrar shall appoint an Accreditation Assessment Team for each nursing or midwifery program requiring accreditation. The Registrar may likewise constitute an Assessment Team to undertake monitoring, compliance, evaluation, or other regulatory functions of LBNM, including but not limited to investigative assessments, quality assurance reviews, compliance audits, and spot checks.

2.2.1 Assessment Team Composition

The Assessment Team shall be made up of several parties, outlined below. The total number of members of the Assessment Team shall range from 3-5 members. The Registrar or their designee must train these persons annually. Three to five persons from the below groups are required to be present at each accreditation or assessment visit:

1. **One or two members of the Board** must be present at each accreditation or assessment visit. The Board Member must not be a current employee of the institution under review.
2. **One or two members of the LBNM Secretariat** are required to attend each accreditation or assessment visit. These staff must be the appropriate staff to represent the Secretariat during accreditation visits.
3. **Plus**, any of the below team members at the discretion of the LBNM Registrar

- a) **Optional attendees:** Optional attendees are not trained assessors and are invited to observe only. Optional attendees are not to influence grading or act independently to execute any area of the assessment.
- b) **Government Representation:** The LBNM Registrar shall invite a member of the Government of Liberia upon request and/or approval to attend assessment visits as observers or partners of the LBNM to enforce the accreditation standards and guidelines.
- c) **LBNM External Stakeholders & Partners:** Representatives of collaborating regulatory bodies, professional councils/associations, development partners, civil society organizations, legal representatives and other technical or strategic partners invited by LBNM may participate in accreditation visits/assessments as observers only. They shall have no decision-making or voting rights. LBNM shall inform the institution under review; 14 working days in advance and in writing, of any external observers who will join the accreditation or monitoring visit.
- d) **Institution Partners:** Partners working with the school can be represented during the assessment only as guests of the institution. The institution shall request written approval; 14 working days in advance from LBNM for the presence of any institution partners. The LBNM can reject invitations if their presence is deemed uncondusive to the process, unduly influential, or likely to compromise the independence and integrity of the accreditation exercise.

2.2.2 Eligibility criteria

To be eligible for selection to participate on an Assessment Team, an Assessor must:

- a. Have the requisite knowledge, skills and experience for the type of program being assessed.

- b. Be available to participate in all stages of the assessment of the program, including any site visit(s) and drafting and/or review of reports by the Assessment Team.
- c. Have no personal or professional interest or duty that may, or may not be perceived to, interfere or conflict with the individual's ability to fulfil their responsibilities as a member of the Assessment Team.

Upon appointment to an Assessment Team, the assessor shall:

1. Sign a confidentiality agreement;
2. Sign a statement outlining any real or potential conflicts of interest;
3. Review accreditation submission documents to verify that they meet the relevant Accreditation Standards;
4. Attend Assessment Team meetings; these may be face-to-face or by virtual meeting;
5. Attend the assigned accreditation site visit(s);
6. Participate in the writing of the accreditation assessment report; and
7. Review and verify the final report of the Assessment Team prior to submitting to the Registrar.

2.3 Assessment Team Roles and Responsibilities

During the course of the assessment, members of the Assessment Team will have some designated roles and responsibilities as below:

2.3.1 Team Lead

The Team Lead role can be filled by any required member of the Assessment Team. The Team Lead is responsible for:

- a. Introducing the Assessment Team and tool to the school and serving as the point of contact between the Assessment Team and the institution's administration.
- b. Leading the interview and review sessions.
- c. Convening meetings between the Assessment Team as necessary to assign duties, reconcile notes, and discuss feedback.
- d. Leading the feedback session between the Assessment Team and the institution.

2.3.2 Coordinator

The coordinator's role should be filled by a member of the LBNM Secretariat. The coordinator is responsible for:

- a. Coordinating logistics
- b. Organizing and distributing assessment tools
- c. Compiling all assessment results into a report, which is to be shared amongst the Accreditation Assessment Team for review and finalization after which a final report will be shared with the Registrar within a week of assessment completion.
- d. Serving as the point of contact between the Registrar and the Assessment Team.

2.3.3 Notetaker

The Notetaker role can be filled by any of the required members of the Assessment Team. The Notetaker is responsible for:

- a. Recording all criteria scores on the appropriate tool.
- b. Keeping a list of all criteria, documents, and sites that need to be revisited by the Assessment Team.
- c. Presenting to the institution at the end of Day 1 and the end of Day 2 a list of all documents that were promised but not received, to request follow-up.

2.3.4 Observers

Observers are not decision-making members of the Assessment Team; however, appropriate feedback is important to the team.

2.4 Policy Implementation Guidelines

2.4.1 Purpose and Scope

The accreditation process is aimed at legitimizing/validating and improving the training standards of programs offered by the targeted institution. This process is geared towards setting standards to maintain quality nursing & midwifery education and practice. The LBNM will formally recognize and confirm by certification that a training institution has met and continues to meet the standards of training, competence and excellence in accordance with provisions of the Nursing and Midwifery Practice

Act of Liberia. Accreditation shall be carried out periodically as per LBNM requirement after every 3 years from the previous certification.

2.4.2 Description of the Accreditation Process

Accreditation of Nursing and midwifery programs by LBNM is governed by the Nursing and Midwifery Practice Act of Liberia (as amended in 2016)¹. This applies to all institutions seeking to offer basic/post-basic nursing and/or midwifery training programs (diploma to post graduate). The accreditation process shall be implemented as per the framework below:

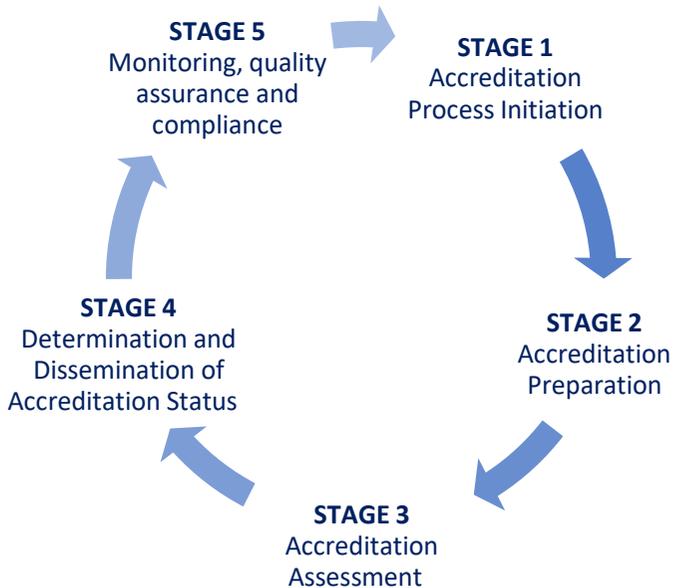


Figure 2: LBNM Accreditation Process Framework 2025

Stage 1 – Accreditation Process Initiation

Existing Schools

- a) LBNM shall, in the last accreditation year, issue a reminder letter specifying the expiration of accreditation.
- b) Within 90 days after the LBNM's notification, the school shall respond with the accreditation action plan including requests for any modification(s) to the program.
- c) Six months to expiration of accreditation, LBNM requests an accreditation assessment schedule from the training institution.
- d) The school shall respond within one month with the accreditation schedule.
- e) The training institution shall provide two clinical training sites; One primary site and one affiliation site as part of accreditation requirement.
- f) ALL training institutions are required to renew accreditation status within 90 days to expiration.
- g) **Failure to renew the accreditation status within the stipulated time, the institution accreditation status shall be automatically revoked.**

Application for Modification of programs for existing training institutions

This provision to upgrade or establish a new program applies to LBNM-accredited training institutions in good standing and seeking:

- a) approval to launch an additional new nursing/midwifery program e.g., RN accredited institution seeking to add RM program, basic adding post-basic/specialty, add new specialty track, and/or
- b) approval to upgrade an existing program e.g., Diploma→BSc conversion, delivery-mode change to blended/online, new campus/site, or enrollment increase >10%, and/or
- c) any other major modifications.

Eligibility

The provider must:

- (i) hold current LBNM institutional/program accreditation license/certificate,
- (ii) must have completed a minimum of 1 accreditation cycle,
- (iii) have no outstanding sanctions/conditions,
- (iv) be current on fees/dues, and
- (v) demonstrate satisfactory performance e.g., student indexing and licensure exam pass trends, graduate outcomes, prior compliance.

Process

The process for approving major modification of nursing/midwifery programs shall follow the same process for accreditation of new schools.

New Schools

- a) The proposed training institution submits a letter of intent to the LBNM stating the program of interest.
- b) LBNM shall respond within 90 days with all necessary requirements and processes.
- c) The proposed training institution shall then respond with a notice of readiness to proceed with the process.
- d) Upon receipt of a valid notice of intention, LBNM shall transmit the applicable accreditation standards/procedures and the application package with an indicative non-refundable fee.
- e) At LBNM's discretion, a briefing meeting is held to walk through the application package, evidence expectations, and target timelines, and to address initial questions before Stage 2 –Preparation for Accreditation.

Stage 2 – Preparation for Accreditation

Existing schools

Self-assessment and dossier preparation for Existing Schools

- a) The institution shall compile all quality assurance/compliance and spot-check reports to inform internal evaluation.
- b) The training institution shall complete self-assessment using the approved LBNM accreditation tools.
- c) The training institution shall conduct an internal mock audit using the LBNM accreditation tools and optional peer review to verify readiness and clinical site preparedness.
- d) Within 60 days, LBNM shall respond to the self-assessment report with recommended actions to close identified gaps and to confirm readiness for the accreditation assessment stage.
- e) Within 30 days, the school responds with a schedule for assessment.
- f) The LBNM will send the proposed dates of the visit at least three (3) months in advance of the scheduled start date. Within 14 days, LBNM confirms schedule and submits the invoice; all payments must be made one month before the start of the assessment.
- g) The proposed training institution shall pay all invoiced fees at least one month before the assessment.
- h) It is the responsibility of the institution to ensure that the dates meet the on-site criteria indicated below and that all necessary personnel are available. Failure by the institution to meet pre visit deadlines may result in deferral of the visit or other administrative action without prejudice to a final determination.

New Schools

Submission timelines and required declarations and fees

- a) The proposed training institution shall submit the full accreditation dossier before the agreed site visit start date. These dossiers should include but are not limited to personnel listing, policies, clinical site, MOU etc.

- b) The proposed training institution shall respond to LBNM preliminary queries within 10 working days and shall submit any revised documents within 5 working days unless otherwise agreed in writing.
- c) The proposed training institution shall include a signed Declaration of Academic Integrity disclosing that they have not started any nursing or midwifery academic program prior to initiation of the accreditation process.

If initiation of any nursing or midwifery training activity is evident, LBNM will automatically close the illegal program and disassociate for 2 years after which the proposed training institution will be allowed to resubmit the letter of intent.

- d) The LBNM will send the proposed dates of the assessment/visit at least three (3) months in advance. The proposed training institution shall pay all invoiced fees at least one month before the assessment.

Logistics Readiness

The institution shall ensure that the required resources, including personnel are available by the scheduled dates. Failure by the institution to meet pre-visit deadlines may result in deferral of the visit or other administrative action without prejudice to a final determination.

- a) All necessary documents, resources and materials must be available as per the LBNM requirements.
- b) LBNM representatives must have unrestricted access to the institution's leadership, faculty, students, preceptors, clinical partners, and all clinical training sites relevant to the assessment.
- c) Data integrity, privacy, and communications
 - i) At all points of assessment, there should be mandatory completion of data validation checks for all indicators and registers.

- ii) All confidential materials are to be stored in a secure repository with controlled access and verifiable audit trails.
- iii) Submissions and correspondence with LBNM must be routed digitally through an official communication medium.
- d) Contact details must be provided for the heads of the program, and the clinical site to facilitate direct communication as necessary.

Stage 3 – Accreditation Assessment

Scheduling of Assessment

- 1) The assessment for accreditation or quality assurance is to take place over two - four consecutive working days, excluding travel time. Day one of the assessment will be carried out at the institution, while day two will be carried out at the primary clinical site and will conclude at the institution. Other days shall be used to complete any outstanding assessment activities (e.g. additional clinical sites, follow-up interviews, document verification).
- 2) All classes and sessions observed shall be as per the existing course teaching schedule with the associated teacher and students. Special sessions should not be called for the purpose of the assessment.
- 3) If theoretical and clinical sessions only take place during certain days of the week, this should be noted during the scheduling of the assessment or visit. The visit should not take place during a scheduled OSCE, examination period, or vacation.

On-site Assessment Procedures

- 1) An opening meeting shall confirm scope, standards, evidence trails, and logistics, after which the team shall review governance in plenary and proceed in sub-teams by standards and sites.
- 2) Interviews with leadership, academic/administrative staff, students and service partners.
- 3) Verification shall include walkthroughs of the training institution's facilities and primary clinical sites. The assessors shall inspect all criteria as per the approved LBNM accreditation tools.
- 4) Assessment report shall be drafted in real time, and daily reconciliation discussions to resolve discrepancies and assign follow-ups.
- 5) Additional evidence may be requested during or following the visit and shall be submitted within the

scheduled assessment period while the assessors are on site, unless otherwise agreed in writing.

- 6) A debriefing meeting shall be held where the assessment team presents preliminary feedback and next steps. The discussion shall be non-binding and does not prejudice or constrain the final decision-making.

Accreditation Tools

LBNM accreditation tools are standardized, Board-approved instruments used to assess whether nursing and midwifery training programs comply with regulatory standards. These tools are structured by program level and specialty and include detailed criteria, rating scales, and evidence requirements for classroom teaching, clinical training, infrastructure and governance. They provide an objective basis for accreditation decisions, ensure fairness and comparability across institutions, and guide both assessors and training providers on the minimum acceptable standards for approval and continuing compliance.

Accreditation Tool Structure

Each area of the tool is organized into four columns:

- 1) Performance standard is the requirement to be met. The standard says what to do.
- 2) The verification criteria are specific tasks, steps, items, or services, that must be completed or provided in-order for a performance standard to be counted as achieved or met. Verification criteria say how to do it.
- 3) Score recorded per standard using weighted points and N/A = not applicable.
- 4) Comments, justification for the score, notes on strengths, gaps, and required corrective actions.

Standard categories and minimum thresholds

- 1) **Critical standards must be met at 100 percent** due to their critical role in safeguarding public protection, legal compliance, patient safety and essential educational quality. Failure to meet any critical standard shall

constitute non-compliance with regulatory requirements.

- 2) **Non-critical standards support quality and continuity and must reach at least 80 percent.** Shortfalls to the non-critical standards may attract time-bound conditions with monitoring and quality assurance follow-up visits.

Accreditation Tool Scoring Method

- 1) A criteria that is fully met as per the verifier's observation, earns the full number of assigned points.
- 2) A criteria that is not met as per the verifier's observation, earns no points.
- 3) N/A is used only where the standard is not applicable to the program's level or scope. During scoring, this standard should be excluded from the denominator.
- 4) The score for a set of standards is calculated as earned points divided by the number of applicable standards, expressed over 100 percent.
- 5) Grades for critical and non-critical standards are calculated independently before being combined to determine the final score.
- 6) The final grade for the determination of the institution's status shall be a combination of both the academic institution's grade and the clinical site grade.

Comments and corrective actions

- 1) The comments column records the evidence cited, and the reason for the score.
- 2) Where a No is recorded, the assessor documents the specific deficiency.

On-Site Requirements

Requested Documents

Institutions must provide all required documents listed in the LBNM accreditation tools during the assessment. These documents must be complete, current, and well-organized, and made available in hard copy and/or electronic form as required by LBNM,

Requested Locations to Visit

The institution shall ensure unrestricted access to all locations as per the LBNM accreditation tools. All such locations at the training institution and affiliated clinical facilities shall remain readily accessible to the Assessment Team. The institution shall arrange prior notification and orientation of site leadership, ensure that normal work routines are maintained (with no artificial arrangements for the visit), and provide safe, guided access so that assessors can independently verify.

Requested Interviews

The institution shall create a safe space for all required interviews. Interviews will be conducted both generally and individually as per the LBNM accreditation tools. The Assessment Team will independently select the individuals to be interviewed, and the institution shall facilitate access without influencing the selection of interviewees.

Stage 4 – Determination and Dissemination of Accreditation Status

The Accreditation Report

The Accreditation Team shall prepare a field accreditation/ compliance assessment report in relation to the program being assessed. The report shall present the main findings by accreditation area and standard, indicating which standards were met or not met, and distinguishing clearly between critical and non-critical standards. The report shall indicate whether the program has met the requirements set out in the applicable LBNM Accreditation Standards and tools. The team shall provide clear reasons and evidence-based justification for all findings to enable the Registrar and, where applicable, the Board to make an informed determination. The field report shall be signed by all members of the Accreditation Team, who attest to its accuracy, completeness, and objectivity.

Determination decision pathway and timeframes

- 1) The accreditation team shall present the assessment report to the Registrar within five (5) working days.
- 2) The Registrar acting under delegated statutory authority, shall document an accreditation/ compliance determination.
- 3) The Registrar shall submit the final accreditation determination to the LBNM Accreditation and Standards Committee for review and endorsement.
- 4) The final determination to the institution shall be issued by the secretariat within ninety (90) working days.
- 5) Institutions shall respond to accreditation/ compliance determination within seven (7) working days to either accept, seek clarification or contest the results.
- 6) All regulatory procedures confirming the institution's entry into LBNM accredited school registry shall be completed no later than 30 working days as of the date of accreditation determination.
- 7) Outcomes of an Accreditation/ Compliance Assessment shall be available to the public.

Outcomes of the Accreditation Process

The outcome of each accreditation or compliance assessment shall align with the guiding principles of this policy and the approved LBNM Accreditation Standards. Following review and endorsement of the accreditation determination, LBNM shall issue determinations/outcomes as per the below status:

Full Accreditation Status

Full Accreditation status is granted when:

1. At least 80% of the Accreditation Standards and Criteria are considered to have been met, and are awarded for up to three years.
2. All compulsory “critical” criteria are achieved.

Conditional Accreditation Status

Conditional accreditation status shall apply only to existing institutions and shall not be granted to new schools seeking initial approval.

Conditional accreditation may be granted when:

1. Between 70-79% of all standards and criteria are met.
2. Scored above 79% but did not meet all compulsory critical criteria.

Rights and privileges under LBNM

The following **rights & privileges** are **maintained** under Conditional Accreditation:

- a) Graduating students are eligible to register for the National State Board Examination (NSBE).
- b) Function as a recognized institution by the LBNM within a limited time period as specified below.

Rights and privileges under LBNM **that are NOT maintained** under Conditional Accreditation, include:

- a) Recruitment of new students - no new student indexing is permitted.
- b) Sponsorship/scholarships for staff and students of the institution will not be recommended by the LBNM.

With Conditional Accreditation, institutions are **expected to meet full accreditation within a one-year period** following the process below:

1. Within two (2) months of conditional status determination, the institution shall present a work plan to LBNM. The work plan shall outline the institution's plan to address the conditions of the Conditional Accreditation.
2. Within the following six (6) months, LBNM is available to provide support to the institution as they work towards meeting the conditions of the Conditional Accreditation.
 - a. LBNM will schedule at least one (1) supervisory support meeting during the six (6) month period. During this visit, the full accreditation tool will not be applied, the school will not receive an official score or grade.
 - b. If the institution would like LBNM to come for additional supervisory support and technical advice, the institution can invite LBNM. The institution will be responsible for all costs incurred during additional supervisory support visits.
3. The Registrar will set a date for the institution's assessment/accreditation visit. This visit will be held within the final four (4) months of the one-year Conditional Accreditation period.

If the Conditional Accreditation is not moved to a Full Accreditation status within the one-year period, the institution will re-enter the Conditional Accreditation status. If, during the Accreditation Visit in the second cycle, the institution fails to move to Full Accreditation, the institution will be moved to denial of accreditation.

Denial of Accreditation

There are two criteria that lead to the denial of accreditation:

1. Receiving an Accreditation Score below 70%.
2. A school that was conditionally accredited but did **NOT** reach Full Accreditation within two years.

Schools denied accreditation are not granted ANY rights and privileges of an accredited LBNM institution, including but not limited to:

- (i) Graduating students are **NOT** considered for eligibility for registration of the National State Board Examination.
- (ii) Recruitment of students is **NOT** permissible.
- (iii) Indexing of students is **NOT** permissible.
- (iv) Sponsorship/scholarships for staff and students of the institution are not permissible.

Denied institutions are not to operate any nursing or midwifery education activities including capping, oath and honor, graduation, or education of students.

LBNM shall refuse to grant accreditation when any critical criteria are **NOT** met, in such a way that students cannot attain the required graduate outcomes through their participation as students of the program.

If LBNM renders a decision to deny accreditation to a program of study, the education provider shall be furnished with formal written **NOTICE** of such determination. The notice shall include, but not be limited to, the following elements:

- (i) The reasons for the decision.
- (ii) Within six (6) months of conditional status determination, the institution may re-apply for accreditation.

Procedure for Handling Contested Accreditation Determination

1. Where an institution contests the accreditation or compliance determination, it shall, within seven (7) working days of receipt of the written determination, submit a formal written communication to the Registrar stating the grounds for contestation and attaching any supporting evidence or documentation.
2. Upon receipt of such contestation, the Registrar shall acknowledge receipt in writing and refer the matter, together with the Assessment Report and all related documents, to the LBNM Board for consideration and final determination.
3. The Board shall conduct the review through its representation led by an appropriate person from the Board or Secretariat. The reviewer(s) shall not be a member(s) of the Assessment Team involved in the assessment under review.
4. The designated reviewer(s) may request additional information, documentary evidence, or written clarification from the institution, the Assessment Team, or any other relevant party, and may, where necessary, invite representatives of the institution for a hearing.
5. Once the review is completed, they will finalize a report and provide this report to the LBNM Registrar, the LBNM Accreditation Committee, and the LBNM Board Chair for onward review and determination.
6. The Board shall review the case on its merits, taking into account the Reviewer(s) report, original accreditation report, the institution's grounds for contestation, and any further evidence submitted, and may uphold the original determination, amend it in whole or in part, or impose conditions and timelines as it deems appropriate.
7. A reasoned, written decision on the contested determination shall be issued to the institution within ninety (90) working days of receipt of the contestation, unless otherwise justified in writing by the Board.

8. Lodging a contestation shall not, in itself, suspend the effect of the original determination, except where the Board expressly issues an interim order to stay, vary, or otherwise modify the status pending final decision.
9. The decision of the Board on a contested accreditation or compliance determination shall be final.

National Management of Accreditation Data

A brief summary of the outcome of each accreditation or compliance assessment shall be recorded in an LBNM-managed database. This database shall be accessible, as appropriate to key stakeholders. Information arising from monitoring and quality assurance activities may also be published on the LBNM website.

Stage 5 – Monitoring, Quality Assurance, and Compliance

Monitoring, quality assurance (QA), compliance, and continuous improvement activities shall be initiated and implemented by LBNM. LBNM shall exercise continuous regulatory oversight over all approved nursing and midwifery programs to ensure sustained adherence to applicable standards, conditions, and statutory requirements.

Routine Monitoring & Quality Assurance

LBNM shall routinely monitor accredited programs to verify ongoing compliance with approved standards and conditions of accreditation. An annual routine QA visit shall be conducted, in line with the approved LBNM regulatory standards. Where routine monitoring indicates emerging risks, declining performance, or partial non-compliance, LBNM may require the institution to develop and implement a time-bound corrective action plan to address the identified gaps, submit periodic progress reports with evidence. Persistent or serious non-compliance may result in escalation to regulatory sanctions in line with the compliance and integrity safeguarding principles. Education providers shall submit regular and timely reports, including Mandatory Interim Reports where prescribed. It is the responsibility of the provider to ensure that all requested reports are submitted on or before the due date and that the information is complete, accurate and verifiable.

Mid-Term Review Triggers

LBNM at its discretion may initiate an impromptu mid-term review of an accredited nursing or midwifery program when there is evidence or concern that standards, quality, or public protection may be at risk. If LBNM is in receipt of any concerns or complaints in relation to the education provider or any of the following, it shall trigger an ad-hoc review or targeted audit:

- (i) Any major unapproved program modifications.
- (ii) Student population beyond the approved LBNM quota.

- (iii) Major programmatic faculty decline significantly affecting the program implementation.
- (iv) A significant decline in NSBE pass rates beyond thresholds.
- (v) Serious complaints, patient safety incidents, changes of ownership or control, or other risk indicators.

Feedback on Monitoring and Quality Assurance

All feedback associated with monitoring, QA and auditing shall be formally communicated to the education provider within 14 working days. The feedback shall clearly highlight areas of good practice and notable strengths, as well as specific gaps and opportunities for improvement. LBNM shall provide concise, actionable recommendations with timelines, so that institutions can plan and implement corrective and enhancement measures. Where appropriate, feedback may also include commendations for exemplary practices that can be shared as models across other institutions. Copies of all feedback reports shall be retained by LBNM and the institution to support follow-up, learning, and continuous quality improvement.

Annual Declaration

LBNM requires all education providers to submit an Annual Declaration. The submission of an Annual Declaration enables LBNM to monitor whether the program continues to meet the approved Accreditation Standards. Annual Declarations are to be submitted to the LBNM within the first sixty (60) days of each calendar year by the education provider.

The Annual Declaration should include, but is not limited to:

1. Updated information on student enrollment, indexing and progression, changes to senior staff, faculty and preceptor numbers, learning resources, clinical placement locations, NSBE outcomes, and any significant operational changes.
2. A brief account of actions taken to address issues or recommendations raised in previous LBNM evaluations, accreditation reports, or quality assurance visits.
3. A summary of faculty continuous professional development (CPD) activities.
4. Any planned major program modifications.

Major Program Modifications

The education provider shall promptly notify LBNM in writing of any major program modification for approval where required. The notification by a provider must allow sufficient time for assessment/evaluation of compliance with the Standards for the Accreditation of Nursing and Midwifery program. LBNM defines major program modifications as substantive changes to an approved program that may affect its accreditation status or student outcomes including:

- (i) Additions;
- (ii) Amendments;
- (iii) Substitutions;
- (iv) Deletion of any aspect of the program that causes changes to the Substance, Structure, Form, and Delivery; and
- (v) Outcomes of the program such that students are completing a program that is different to the program that was accredited.

Examples of major modification include, but are not limited to:

1. Changes to the award title of a program.
2. Changes to the underpinning philosophy, emphasis, or objectives of a program.
3. Increase or decrease in duration of a program.
4. Changes to the LBNM curriculum of study, including content, structure, and assessment, after the program was accredited.
5. Adding new nursing/midwifery programs e.g., RN accredited institution seeking to add RM program, basic program and seeking to add a post-basic/specialty program and adding a new specialty track. *See the [Application for Modification of programs for existing training institutions](#) section under Stage 1 of accreditation for further details.*
6. Upgrade to an existing program e.g., Diploma→BSc conversion, or enrolment increase >10%.
7. Changes to any core (compulsory) or elective components of the program, regardless of whether the overall credit value is different.

8. Changes to the teaching methods, or method of delivery, of all or any part of program.
9. One or more significant changes to the composition of staffing such as substitution of full-time staff by part-time staff, or change in academic level of teaching staff.
10. Changes to or addition of, the sites at which all or any part of the program is offered. This includes addition or loss of a major clinical site.
11. Merger with another entity.
12. Any other modifications leading to change in the outcomes of the program.

Complaints, Concerns, or Notifications on Accredited Programs

When LBNM is in receipt of information concerning an accredited program that may call into question the legitimacy of its accreditation, whether obtained through a formal complaint, notification, or other credible source, and LBNM reasonably believes the program no longer meet the Accreditation Standards, LBNM shall initiate an appropriate review and investigation.

Where the matter is investigated and the concern is substantiated, LBNM shall impose conditions or sanctions on the accreditation that LBNM considers necessary to ensure the program will meet the requisite standard(s) within a reasonable time as below:

- (i) Requiring a time-bound corrective action plan and placing the program under enhanced monitoring and reporting;
- (ii) Demote the accreditation status of the program;
- (iii) Temporarily prohibiting or limiting new admissions to the affected program;
- (iv) Limit or suspend the accreditation status of the program;
- (v) Reduce the student population quota to fit the existing standards;

- (vi) Requiring targeted capacity-building measures for faculty and program leadership;
- (vii) Levy fine against the institution; and
- (viii) Any other sanctions as per the applicable legal and regulatory frameworks.

Compliance and Integrity Safeguards

1. If LBNM determines that a provider or a program is no longer able to meet essential standards and criteria in such a way students cannot attain the required graduate outcomes from the program, LBNM shall impose conditions on the accreditation to ensure the program meets the standard within a reasonable time or limit/revoke the accreditation of the program.
2. Accredited institutions shall comply at all times with the Nursing and Midwifery Practice Act, LBNM standards, accreditation conditions, and all lawful directions issued by LBNM, and shall ensure that all information submitted is complete and accurate. Any misrepresentation, falsification, or material omission constitutes grounds for regulatory sanctions.
3. No student shall be enrolled in any program leading to a qualification for registration as a nurse or midwife unless that program is accredited by LBNM for the full duration of the student's period of study up to and including the award of the diploma/degree.
4. Every accredited school shall ensure that all nursing and midwifery students are indexed with LBNM in accordance with the applicable LBNM Indexing Policy.
5. Education providers must ensure that any advertising material developed and used to inform potential stakeholders and students contains accurate information regarding the accreditation status of both the education provider and the program being advertised and must include a notation that the program of study is 'subject to accreditation by LBNM'.
6. No accredited nursing/midwifery training institution shall accept transferred students from an

unaccredited/unapproved institution. LBNM shall be notified within 30 working days of all student transfers as per the indexing policy.

7. New programs, program upgrades, and material operating changes shall not commence without prior written approval from LBNM. Material changes include LBNM curriculum revisions, a shift to blended or online delivery, addition or relocation of a campus or clinical site, enrollment increases >10 percent or any other major program modifications. Failure to seek approval for major modifications shall cause Institution accreditation to be automatically revoked and LBNM will suspend all engagements with the training institution for 2 years.
8. The LBNM shall be notified of leadership changes affecting academic governance.
9. Complete and current accreditation records shall be maintained by the training institutions, including governance documents, policies and SOPs, assessment materials, faculty and preceptor credentials, clinical site MOUs, student assessment records, and quality assurance reports. Records shall be retained as per LBNM requirements and applicable law and made available upon reasonable notice/spot checks for inspection, or verification.
10. All education providers shall establish, implement, and regularly review robust Prevention of Sexual Exploitation, Abuse and Harassment (PSEAH) measures to safeguard students, staff, patients, and community members from any form of sexual exploitation, abuse, or harassment, in line with national laws and LBNM regulatory requirements.
11. Training institutions shall cooperate fully with all monitoring activities, including data verification, interviews, site access, and production of documents upon reasonable notice/spot check. Failure to provide reasonable access may constitute grounds for regulatory sanctions.
12. LBNM shall be notified in writing within five working days of any material change, serious adverse event affecting student or patient safety, suspension of a clinical site, or any

- circumstance materially affecting program delivery or compliance.
13. Annual compliance declaration (academic calendar, student enrollment, staffing ratios, registration/indexing) and any required interim reports shall be submitted by specified deadlines.
 14. When a proposed training institution is denied, it may reapply only after six months if they so desire.
 15. LBNM shall impose a timebound moratorium on the opening of new training institutions based on existing circumstances.
 16. LBNM reserves the right to disassociate from, suspend, or levy fines against any training institution found to be in non-compliance, based on the gravity of the violation.

Continuity of Accreditation

Each accreditation cycle is treated by LBNM as a distinct process, and providers shall not assume automatic “re-accreditation.” The education provider shall ensure that each accredited nursing or midwifery program maintains continuous compliance with LBNM program standards throughout the full accreditation cycle, with demonstrable quality improvement across all education criteria. It is the responsibility of the education provider to track accreditation validity periods, initiate applications within the prescribed timelines, and submit all required documents in good time to prevent any lapse in accreditation status.

3.0 IMPLIMENTATION GUIDELINES

3.1 Nursing and Midwifery Educators Requirements

3.1.1 Purpose and Scope

A nursing and/or midwifery educator is a person who has successfully undergone relevant training, is in possession of authentic academic and professional credentials, and is qualified to teach student nurses and midwives either in an approved training institution or in a clinical setting.

3.1.2 Nurse/Midwife Educator Requirements

The following requirements outline the minimum professional, academic, and clinical competencies expected of a nurse and/or midwife educator in all accredited nursing and midwifery institutions in Liberia.

1. All nursing and midwifery programs shall employ professionally certified and clinically qualified nurse/midwife educators.
2. Every nurse/midwife educator shall demonstrate ongoing participation in Continuing Professional Development (CPD) as stipulated in the LBNM CPD guidelines.
3. Every nurse/midwife educator shall hold recognized training in effective teaching and learning methodologies (teaching skills certification).
4. All nursing and midwifery educators, excluding the Director/Dean/Chair of Department, shall undertake a minimum of twenty-eight (28) hours of clinical teaching and/or supervision per semester.
5. At least ninety percent (90%) of the faculty teaching in any given program shall hold an academic qualification at least one level higher than the qualification for which the students are enrolled.
6. At least sixty percent (60%) of faculty shall be full-time employees with a nursing and/or midwifery background.
7. External/part-time faculty may be engaged to teach a maximum of one core course and may teach additional non-core courses.

8. External/part-time faculty teaching nursing and midwifery courses shall possess qualifications equivalent to the required level for full-time faculty in the same area of instruction.
9. The nurse and midwifery educator-to-student ratio shall be 1:10 excluding the Director or Dean or Chair of Department of Nursing and Midwifery.
10. The Nursing and Midwifery program shall have a classroom instructor-to-student ratio of 1:50 for basic programs and 1:30 for specialty programs.

3.1.3 Eligibility Criteria for Nursing and Midwifery Educators

S/N	Level	Qualifications
1.	Preceptor	<p>A preceptor is an experienced nurse or midwife who provides direct supervision, guidance, and support to students during their clinical placements. The preceptor plays a critical role in facilitating the student's learning, ensuring patient safety, and assessing the student's competence. They shall possess:</p> <ul style="list-style-type: none"> (i) A minimum of Diploma or higher in nursing and/or midwifery (ii) A minimum of 2 years' clinical experience in the relevant field (iii) Demonstrated competencies and/or proficiencies in clinical protocols and procedures (iv) A valid nursing/midwifery practice license from the LBNM
2.	Clinical instructor	<p>A clinical instructor is a clinical faculty teaching nursing & Midwifery students at the simulation laboratory & clinical sites. They shall possess:</p> <ul style="list-style-type: none"> (i) A minimum of bachelor's degree or higher in nursing and midwifery (ii) A minimum of 2 years' clinical experience in the relevant field (iii) Competencies in clinical teaching and learning principles, curriculum

		<p>development, implementation and evaluation</p> <p>(iv) A valid nursing/midwifery practice license from the LBNM</p>
3.	Clinical Coordinator	<p>A clinical coordinator is a faculty responsible for coordinating student clinical training. They shall be competent to teach nursing & Midwifery students in the classroom, simulation laboratory, & at clinical sites. They shall have:</p> <p>(i) A minimum of bachelor's degree or higher in nursing and midwifery</p> <p>(ii) A minimum of 5 years' clinical experience in the relevant field</p> <p>(iii) Competencies in teaching and learning principles, curriculum development, implementation and evaluation</p> <p>(iv) A valid nursing/midwifery practice license from the LBNM</p>
4.	Instructor/ Faculty	<p>An instructor is a faculty teaching any nursing or midwifery program. He/she shall hold an academic qualification at least one level higher than the qualification for which the students are enrolled. They shall have:</p> <p>(i) A minimum of bachelor's degree or higher in nursing and midwifery based on the level of the program</p> <p>(ii) A minimum of 3 years' clinical experience in the relevant field</p> <p>(iii) Competencies in teaching and learning principles, curriculum development, implementation and evaluation</p> <p>(iv) A valid nursing/midwifery practice license from the LBNM</p>
5.	Academic Rankings/ promotions	Universities are encouraged to ensure guidelines and standards are in place that support academic growth among faculty.

3.2 Student Admission Eligibility Criteria

3.2.1 Purpose and Scope

Nursing and midwifery institutions must implement clear policies and procedures regarding student selection, admission, and ongoing support. These guidelines shall ensure a fair and transparent process for admitting students, considering both academic qualifications and potential to succeed in the program. This process shall consider LBNM's minimum eligibility requirements for all nursing and midwifery students seeking to be enrolled for training in the Republic of Liberia, as per the following levels:

Direct entry - Basic programs: Accredited, structured competency-based pre-service nursing or midwifery education program that admits candidates directly from high school with no prior nursing/midwifery qualification and prepares them to meet the minimum competencies for entry-to-practice and licensure as a registered nurse or midwife. These include:

1. Diploma Professional in Nursing or Midwifery
2. Associate of Science Degree in Nursing or Midwifery
3. Bachelor of Science in Nursing or Midwifery

Upgrading Academic Program: Accredited structured competency-based education program designed to upgrade a licensed nurse or midwife from a diploma or an AA to enter the Bachelor of Science Nursing or Midwifery.

Post-basic Specialized programs: Accredited, structured competency-based nursing or midwifery education program undertaken after completion of an entry-level qualification and licensure, designed to prepare a nurse or midwife for advanced practice in a defined clinical specialty area (e.g., ophthalmic, anesthesia, nurse-midwifery, critical care, perioperative, neonatal, community/public health), leading to a specialty credential and/or licensure.

Postgraduate programs: Accredited advanced academic programs undertaken after completion of undergraduate degree in nursing or midwifery, designed to deepen specialized knowledge, strengthen research capacity, and develop advanced clinical, leadership, education, research or policy competencies.

1. Master of Science in Nursing or Midwifery/ Advanced Nurse Practitioner Program
2. Doctor of Philosophy or Doctor of Nursing/ Midwifery Practice

Fellowship: Approved structured, time-bound post-qualification professional development program for a licensed nurse or midwife that builds advanced expertise in a defined area through guided learning and supervised practice and/or applied projects (e.g., clinical improvement, leadership, education, research competencies).

3.2.2 Admission/Eligibility Criteria

Direct entry - Basic programs

Applicants seeking admission to any basic nursing or midwifery direct entry program must meet the following requirements:

1. A minimum of **Pass** at the West African Senior Secondary School Certificate (WASSCE/WAEC) examinations in the following subjects:
 - a. English Language
 - b. Mathematics
 - c. Biology
 - d. Chemistry
 - e. Any other one (1) subject

Those with foreign qualifications shall be required to obtain an equivalency from the relevant Liberian authorities before admission.

Upgrading Bachelor's Programs

Candidates intending to upgrade from a diploma or an AA to enter the Bachelor of Science Nursing or Midwifery must meet the following requirements:

1. A valid LBNM practice license
2. Possess a diploma or an Associate of Science degree in nursing/midwifery from an accredited institution

Post-basic Specialized Programs

Candidates intending to enroll in a post-basic specialized program must meet the following requirements:

1. A valid LBNM practice license
2. Minimum of two (2) years of relevant nursing or midwifery experience
3. Possess a minimum of a diploma or degree in nursing/midwifery from an accredited institution

Master's Degree Programs/ Advanced Nurse Practitioner Program

1. A valid LBNM practice license;
2. Possess BSc in Nursing/Midwifery from an accredited university.

PhD/ DNP level

PhD Candidates must possess an Advanced Nurse Practitioner degree or a Master's degree in Nursing or Midwifery or Master's Degree in related disciplines from an accredited university.

Fellowship programs

1. A valid LBNM practice license;
2. Possess undergraduate/graduate credentials from an accredited University;
3. Minimum of two (2) years of relevant nursing or midwifery experience where applicable

Those with foreign qualifications shall be required to obtain an academic equivalency of their credentials from the relevant Liberian authorities before admission to any academic program.

3.3 Management of nursing and midwifery students in Training

3.3.1 Purpose and Scope

This section outlines key aspects in the management of nursing and midwifery students during training, including:

1. Indexing process
2. Training disruptions
3. Re-entry to training

3.3.2 Indexing Process

The indexing process serves as a regulatory mechanism to ensure that all students admitted into a LBNM-accredited training programs meet the prescribed admission standards and are properly documented for monitoring and quality assurance purposes. Upon admission into a Nursing or Midwifery training program, each student is required to complete the Indexing Application within sixty (60) days of commencing training, using the LBNM Online Services Portal.

Refer to the LBNM Indexing Policy for requirements for completing the indexing process.

3.3.3 Training Disruptions

Training disruptions refer to any interruption or change that affects the normal progression of a nursing or midwifery student, including movement between institutions or termination/interruption of studies. All disruptions and any subsequent re-entry for students already indexed by LBNM must be formally communicated to LBNM with documented evidence within 30 days of occurrence.

Types of training disruptions include:

1. **Transfers** - Movement of a student from one accredited nursing or midwifery training institution to another. Institution transferring shall send an official letter directly to the recipient school and communicate the same to LBNM.

The recipient institution shall carry out due diligence and apply to LBNM for transfer of indexing. AA and Diploma student transfer is only allowed between the first (1st) and fourth (4th) semester while BSc student transfer is only allowed between first (1st) and sixth (6th) semesters.

2. **Demotion** - Downgrading of a student from a higher level or year of study to a lower level or class due to poor academic performance, extended absence, or failure to meet specified competency requirements, while allowing the student to continue training.
3. **Discontinuation** - Temporary or permanent interruption of a student's training due to unavoidable circumstances such as prolonged illness, financial hardship, or other documented personal reasons, with the possibility of future re-entry subject to LBNM and institutional policies.
4. **Dismissal** - Termination of a student's training on disciplinary, professional misconduct, academic failure, or breach of LBNM or institutional regulations, with or without eligibility for future re-application as per policy.
5. **Demise** - The death of a student during the course of training, which must be reported to LBNM to update the indexing and registration records.
6. Any other circumstance, like prolonged industrial action, civil unrest, institutional closure, natural disaster, or legal/administrative action, that significantly affects a student's normal program progression or expected completion date.

3.3.4 Re-entry to Training

For students who have been out of training due to suspension and any other disruption, he/she shall be expected to continue training from where they left as long as they meet the institutional requirements.

3.4 Nurses and Midwives Trained Outside Liberia (NMTOL)

3.4.1 Purpose and Scope

Nurses and midwives trained in a foreign country who seek registration and licensure to practice in Liberia shall be subject to the requirements of this policy. This policy sets out the minimum criteria and procedures to ensure that Nurses and Midwives Trained Outside Liberia (NMTOL) meet LBNM standards prior to registration and licensing.

3.4.2 Criteria for Application

An applicant shall be considered for NMTOL registration where he or she meets all of the following minimum criteria:

- (i) Is a qualified nurse or midwife trained outside Liberia who has completed an accredited nursing or midwifery program.
- (ii) Meets the LBNM Guidelines for NMTOL Registration as issued from time to time.
- (iii) Holds a valid nursing or midwifery practice license issued by the regulatory body in the country of training.
- (iv) Holds a valid nursing or midwifery registration certificate issued by the regulatory body in the country of training.
- (v) Possesses a valid completion certificate and official transcript(s) from the training institution.
- (vi) Provides original and copies of identification documents, including a National Identity Card or passport and a birth certificate.
- (vii) An equivalence and recognition report issued by LBNM or another legally authorized body, confirming that the foreign nursing or midwifery qualification and awarding institution are recognized in Liberia, as applicable, and demonstrating that the qualification meets LBNM requirements for the comparable in-country level of training, including minimum credit/hours equivalence and minimum pass/achievement standards.

3.4.3 NMTOL Registration Process

The NMTOL registration process shall comprise the following steps:

1. NMTOL application and submission of required documents to LBNM.
2. NMTOL qualification analysis and verification by LBNM and/or relevant authorities.
3. Payment of the prescribed LBNM fee(s).
4. NMTOL indexing and entry into the LBNM register of applicants.
5. NMTOL internship allocation to LBNM-approved facilities.
6. NMTOL licensure examination and subsequent decision on eligibility for registration and practice.

3.5 Clinical Internship/ Affiliation

3.5.1 Purpose and Scope

Clinical internship and affiliation constitute a structured professional learning experience that provides meaningful, supervised practice in settings relevant to the nurse's or midwife's field of study. This policy shall apply to:

- a) Nurses and midwives trained in Liberia; and
- b) NMTOL who have been cleared by LBNM in accordance with the applicable regulations.

3.5.2 Description of Clinical Affiliation/Internship

During the clinical affiliation/internship period, a clinical placement program shall be implemented as prescribed by LBNM to consolidate and verify the competencies acquired during pre-service training and to address any identified skills gaps. The internship experience shall cover all core domains of nursing and midwifery practice including basic and/or advanced/specialized areas as applicable. Nursing and midwifery training coordinators, faculty and preceptors in the accredited hospitals and clinical sites where interns are placed shall be responsible for day-to-day

supervision. The training institution, together with the nursing and midwifery services management at the practice site, shall have overall responsibility for the organization, oversight and quality of the affiliation/internship experience.

3.5.3 Eligibility Criteria

A student shall be eligible to commence affiliation/ internship where he or she meets the following minimum criteria:

1. Has successfully completed all relevant coursework and clinical requirements in the approved nursing or midwifery program.
2. Has successfully completed Basic Life Saving Skills (BLSS) and any prescribed capstone or exit assessment, as applicable.
3. In the case of NMTOL, has undergone the requisite verification, equivalence assessment and clearance by LBNM in accordance with the policy on foreign-trained nurses and midwives.

3.5.4 Affiliation/ Internship Process and Requirements

1. Work forty (40) hours per week with a mix of day and night shifts for the period.
2. Follow the rules and regulations of the affiliating institution.
3. Notify the affiliation/ internship supervisor or coordinator of any problems.
4. Intern student must attend a minimum of 90% of the period for affiliation.
5. The training period in any area will be repeated if the student is absent for more than 4 days in that area.
6. Intern student is expected to stay in the unit/area for the assigned time period.
7. Intern student will be evaluated by the affiliation/Internship supervisors according to the weekly performance in the logbook

3.6 Professional Academic Pathways

3.6.1 Purpose and Scope

This section establishes the professional academic pathways for nursing and midwifery in the Republic of Liberia, setting out the structured education routes through which students and nursing/midwifery professional may progress to higher levels of qualification and responsibility, in alignment with LBNM regulatory standards.

3.6.2 Academic and Career Progression Structure

LBNM is committed to the continuous improvement of nursing and midwifery education and practice. The following principles shall govern academic and career progression in nursing and midwifery:

- (i) The entry level of nursing or midwifery training shall be at either diploma or degree level.
- (ii) Nurses and midwives may also upgrade their academic qualifications to the next level, from diploma/AA to bachelor's degree, from bachelor's to master's degree and beyond.
- (iii) Nurses and midwives who have completed basic training shall be eligible to undertake specialization through advanced post-basic or postgraduate programs subject to LBNM requirements for admission and practice.
- (iv) Nurses and midwives who have completed undergraduate, graduate training or equivalent shall be eligible for credentialed fellowship programs.
- (v) Academic progression shall support differentiated career tracks, including but not limited to clinical practice, education, leadership and management, research and advanced practice roles, as approved and regulated by LBNM.

- (vi) Each academic level and specialization shall correspond to a defined scope of practice and registration category as set out in LBNM regulatory frameworks.
- (vii) Schemes of service and job descriptions shall be aligned with the applicable LBNM scopes of practice.

4.0 POLICY IMPLEMENTATION FRAMEWORK

This policy implementation will be in accordance to relevant legal frameworks, regulations, and the collaboration of key stakeholders. State and non-state actors, including students, training institutions, employers, and regulatory bodies in both the public and private sectors, are integral to the effective training and deployment of nurses and midwives in Liberia.

4.1 Legal Framework

The policy is anchored in existing national laws, regulations, and international standards governing nursing and midwifery education. It aligns with relevant statutes, including the Nurses and Midwives Practice Act of the Republic of Liberia (as amended in 2016) and related policies, providing the legal basis for enforcement, compliance, and oversight by LBNM.

4.2 Institutional Framework

Implementation of this Policy shall be coordinated through an institutional framework that defines the roles, responsibilities, and accountability of all stakeholders involved in nursing and midwifery education and clinical training in Liberia. The policy recognizes the role played by both direct and indirect consumers of nursing and midwifery education. This framework recognizes that public health protection is the primary regulatory objective and that each actor shall perform functions within its lawful mandate without duplication or conflict. Accordingly, all key stakeholders shall collaborate in a structured manner to support safe, competent, and ethical nursing and midwifery practice. The stakeholders shall comply with this policy and other applicable LBNM regulatory frameworks. Where roles overlap, LBNM shall provide coordination guidance and, where necessary, issue directives to ensure consistent application of standards, continuity of implementation, and effective enforcement in the interest of patient safety and quality of care.

4.3 Policy Supporting Documents

This policy should be read in conjunction with supporting documents, guidelines, and policies listed below.

1. Republic of Liberia, Nurses and Midwives Practice Act (as amended in 2016)
2. LBNM Nurses and Midwives By-Laws and Regulations
3. LBNM Accreditation tool (September 2025)
4. LBNM Nursing & Midwifery Practice Policy, 2025
5. LBNM Nursing & Midwifery Clinical Training Policy, 2025
6. LBNM Assessor's Guide
7. LBNM Sample Accreditation Report
8. Annual Institution Declaration Forms
9. LBNM Training Disruption & Re-entry Form
10. ICM standards of education & practice
11. ICN Standards of education & practice
12. WHO Regional Professional Regulatory Framework for Nursing and Midwifery
13. WAHO Minimum Accreditation Guidelines for Accreditation of Health Training Institutions at Regional Level in ECOWAS Region, 2026

5.0 POLICY MONITORING AND EVALUATION

This section outlines the Monitoring and Evaluation (M&E), reporting, and review mechanisms for the Policy, considering existing M&E systems at LBNM.

6.1 Monitoring & Evaluation

Implementation of this policy is informed by various result indicators. M&E is meant to ensure that there is coordinated, comprehensive, and consistent monitoring of the progress made in implementation of this policy. It also helps assess the cost-effectiveness of implementing the policy and document the best practices emerging from the policy implementation. The following requirements shall apply regarding policy evaluation:

- a. Designate staff to be responsible for monitoring and evaluating the implementation of this policy;
- b. Involve all actors in nursing and midwifery training & service delivery in policy evaluation; and
- c. Provide outcome-based feedback on progress and challenges related to policy implementation.

6.2 Reporting

Annual reports on implementation of the policy shall be submitted to the LBNM. By the Secretariat.

6.3 Review

This policy shall be reviewed after every five years of implementation, or as needed. The following can inform the policy review:

- Change in existing legal framework;
- Emerging and re-emerging issues/Changing in operational environment in Liberia and beyond;
- Identified needs through Monitoring and evaluation reports; and
- Challenges arising from adherence to implementation of the policy.

6.4 Policy Progress Indicators

Key Performance Indicators to track implementation of this policy shall be developed using LBNM M&E frameworks.

BIBLIOGRAPHY

1. LBNM Act: An Act to Amend Chapters 65 and 66 of Title 33 of the Public Health Law of the Liberian Code of Laws (2016). http://13.201.94.201/wp-content/uploads/2024/01/lbnm_act.pdf
2. International Council of Nurses. (2025). *State of the world's nursing report 2025: Caring for nurses strengthens economies*. ICN, Geneva, Switzerland. <https://www.who.int/publications/i/item/9789240110236>
3. WHO. (2016). *The regional professional regulatory framework for nursing and midwifery*. <https://www.who.int/publications/i/item/the-regional-professional-regulatory-framework-for-nursing-and-midwifery>
4. Leslie, K., Bourgeault, I. L., Carlton, A. L., Balasubramanian, M., Mirshahi, R., Short, S. D., Carè, J., Cometto, G., & Lin, V. (2023). Design, delivery and effectiveness of health practitioner regulation systems: an integrative review. *Human Resources for Health*, 21(1). <https://doi.org/10.1186/S12960-023-00848-Y>
5. *Regulation and Education | ICN - International Council of Nurses*. (n.d.). Retrieved October 20, 2025, from <https://www.icn.ch/what-we-do/regulation-and-education>
6. ICN. (2019). *The International Council of Nurses (ICN) shares its perspective on how nurses play a vital role in achieving universal health coverage*. <https://www.uhc2030.org/blog-news-events/uhc2030-news/partner-insights/international-council-of-nurses-why-nurses-are-so-important-for-uhc-555297/>
7. ICN. (n.d.). *Current nursing definitions*. International Council of Nurses. Retrieved November 29, 2025, from <https://www.icn.ch/resources/nursing-definitions/current-nursing-definitions>
8. ICM. (2025). *ICM Global Standards for Midwifery Education*. <https://internationalmidwives.org/wp-content/uploads/ICM-GLOBAL-STANDARDS-FOR-MIDWIFERY-EDUCATION-1.pdf>

9. Butler, M. M., Fullerton, J. T., & Aman, C. (2018). Competence for basic midwifery practice: Updating the ICM essential competencies. *Midwifery*, 66, 168–175. <https://doi.org/10.1016/j.midw.2018.08.011>
10. ICM. (2021). *International Confederation of Midwives (ICM) global standards for midwifery education (Revised 2021)*. <https://www.internationalmidwives.org/our-work/policy-and-practice/global-standards.html>
11. ICM. (2019). *Essential Competencies for Midwifery Practice, 2018 Update*. <https://www.internationalmidwives.org/%0Aassets/files/general-files/2019/03/icm-competenciesen-%0Ascreens.pdf>
12. ICM. (n.d.). *Core Document: International Definition of the Midwife*. Retrieved <https://www.internationalmidwives.org/our-work/policy-and-practice/icm-definitions.html>
13. ICM. (2023). *Qualifications and Competencies of Midwifery Educators*. International Confederation of Midwives. <https://internationalmidwives.org/resources/qualifications-and-competencies-of-midwifery-educators/>
14. ICM. (2024, July 23). *International Definition and Scope of Practice of the Midwife*. International Confederation of Midwives. <https://internationalmidwives.org/resources/international-definition-of-the-midwife/>
15. ICM. (n.d.). Definition of the Midwife. In *ICM DEFINITIONS*. Retrieved <https://www.internationalmidwives.org/our-work/policy-and-practice/icm-definitions.html>

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