Identification of key competencies in midwifery in the Czech Republic: A focus group and Delphi survey

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ABSTRACT

INTRODUCTION Lifelong learning is a key regulatory element of the midwifery profession. It is, however, necessary to clarify the key competencies that represent the indispensable minimum for the profession. These competencies must be maintained and appropriately linked to continuous professional development of midwives. Our objective was to identify the key competencies of midwives in the Czech Republic, as a basis for adequately structuring their lifelong learning.

METHODS The prospective study used a set of interrelated qualitative methods, including content analysis of the documents, focus groups and Delphi survey involving experts in the field of midwifery and related professions. The study was conducted in the Czech Republic in 2024.

RESULTS Within the focus group, 22 key competencies were identified based on the results of the content analysis of the documents. Within the Delphi study, 17 proposals for changes were submitted, which were re-evaluated in subsequent rounds of the Delphi survey, with only one proposal not reaching consensus. Twenty key competencies of midwives were identified, which will serve as the basis for setting up midwifery lifelong education.

CONCLUSIONS The identification of key competencies at the national level, aligned with European requirements for regulated professions, is essential for setting clear guidelines for the continuous professional development. The applied research design for identifying key competencies proves to be a suitable method for this purpose and could benefit other healthcare systems where midwifery regulation is not entirely defined or cohesive.

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INTRODUCTION

As stated by Kemp et al.[1], the concept of key competencies (core competencies, hereafter KCs), which are essential for a given profession, provides an appropriate framework for defining the indispensable minimum scope and content of lifelong learning, including evaluation systems and the maintenance or reacquisition of KCs. In this research, a key competency is defined as one that must be governed by established conditions for acquisition, maintenance, reacquisition, or revocation, along with mandatory lifelong learning requirements[2].

Midwifery is a profession where it is necessary to clearly identify fundamental (key) competencies that outline a clearly defined process of continuous professional development for every midwife[3].

Midwifery care is provided by midwives and focuses on maintaining and enhancing women's health, preventing disease, avoiding harm, managing pre-existing conditions, and, importantly, maintaining or improving the quality of life for women, their children, families, and communities. Uniform and clearly regulated professional standards are prerequisites for the provision of safe and high-quality care[4].

Midwifery is an independent scientific discipline underpinned globally by research and interdisciplinary collaboration, emphasizing a multidimensional approach to midwifery care[5].

The International Confederation of Midwives (ICM)[6] has established and continues to implement basic principles in its documents, which should form the foundation of midwifery care. Primarily, it recognizes that midwives are the most suitable providers

of care for healthy women during pregnancy, childbirth, and the postpartum period. Pregnancy and childbirth are typically normal physiological processes, and care should be approached accordingly. Midwifery care is preventive, based on fundamental ethical principles, holistic, continuous, and individualized. It is delivered in partnership with women, empowering them to care for themselves and their children.

Midwifery is a regulated healthcare profession. Education and professional preparation for midwifery practice are regulated and coordinated across European Union (EU) states at a supranational level under Directive 2013/55/EU[7]. National legislation in individual member countries is derived from these rules. However, practical implementation varies widely among these countries, and the autonomy of midwifery practice is limited by various local factors[8].

One such country is the Czech Republic, where midwifery education and other regulatory elements are legislatively established. A consistently high level of education with clearly defined rules is essential at all levels to ensure quality midwifery care[9,10].

The basic conditions, structure, and minimum output requirements for midwifery education in the Czech Republic are set by the Qualification Standard for preparing for the profession of midwife[11]. However, the current form of this standard does not include conditions for evaluating graduates' knowledge and skills or monitoring the quality of study programs using validated tools, as outlined in global standards such as the ICM Global Standards for Midwifery Education[12] and other resources[9,13].

Given the nature of the regulated midwifery profession, lifelong learning is a natural component. Like initial qualifications, lifelong learning must be based on evidence-based practice (EBP) and the latest knowledge in the field[12,14]. However, in the Czech Republic, a unified system of lifelong learning for midwives is lacking. Such a system would specify the frequency and scope of mandatory and optional educational activities, creating a coherent concept for maintaining and continuously improving midwives' knowledge and skills. Continuous professional development, its monitoring, and its connection to key competencies must become integral to every midwife's professional approach at the employer and state levels[15].

The aim of this study was to identify the key competencies of midwives within the full scope of autonomous midwifery practice in the conditions of the Czech Republic.

METHODS

To achieve the objectives of this prospective study, qualitative data collection methods were employed. These included content analysis of relevant documents, focus group discussions, and the Delphi survey. The COREQ checklist[15] was used to describe and assess the study design.

Content analysis of documents

The content analysis served as a foundation for identifying key competencies (KCs). Documents analyzed included the international definition of a midwife[5], ICM standards[13], national legislation[16] and the definition of KCs[2].

Additionally, the experiences and direct statements of participants regarding the current situation in midwifery in the Czech Republic were considered within the context of clinical practice needs.

Focus group discussions

Focus group sessions were conducted as semi-structured discussions, leveraging group interaction[17]. Participants were midwives practicing in various professional roles. Ten midwives with more than five years of experience were invited; five agreed to participate. The participants ranged in age from 32 to 47 years (mean age: 41.2 years), with experience spanning 9 to 24 years (mean experience: 16.4 years).

The focus group sessions for identifying KCs were held in March 2024. Before the initial meeting, all participants signed informed consent forms. Participants received information about the meeting rules and preparatory materials in advance. The session was held in person following a pre-established script. After introductions, participant presentations, and a review of the meeting rules, a guided discussion took place. At the conclusion, a summary of the findings was presented, and moderators confirmed participant understanding of their statements. Two moderators (midwifery educators and members of the professional organization) took notes and recorded the entire meeting.

Delphi survey

The Delphi survey was chosen to evaluate the results of the focus group sessions and achieve consensus. Individual online meetings with experts were conducted via Microsoft Teams. Statements from experts were collected independently to avoid bias from other panel members or moderators[18,19].

In this study, consensus was defined as follows: 80–100% agreement – complete consensus; 70–79% agreement – consensus; <70% agreement – no consensus, proposals were considered rejected.

Sixteen healthcare professionals who provide care for women and children in the context of pregnancy and childbirth were invited to participate. The expert panel ultimately consisted of 10 members: 1 community midwife, 1 midwife representing a professional organization, 1 midwife working in a delivery room, 2 midwives in managerial roles, 1 midwife from a neonatology unit, 1 midwifery educator, 2 obstetrician-gynecologists, 1 neonatologist - head of a pediatric department.

Experts were selected based on predefined criteria: active professional practice, more than five years of experience, and consent to participate in the study. The experts ranged in age from 32 to 54 years (mean age: 44.8 years) and had professional experience spanning 7 to 33 years (mean experience: 22 years). Including professionals from various roles in maternal and child care ensured diverse perspectives and in-depth discussion of significant competencies.

The involvement of clinical practice representatives and care providers for mothers and children was intended

to support the implementation of study results in clinical practice. The focus was on ensuring that the focus group and expert panel members actively contributed to developing the KC framework, which they would use in the future.

The authors adhered to the recommendations of Gallangher-Ford et al.[20] and the JBI Evidence Implementation manual[21].

Experts were briefed on the objectives and procedures for individual online meetings beforehand. They confirmed their participation by signing informed consent forms. The Delphi process occurred in three consecutive phases.

RESULTS
Focus group findings
During the initial focus group meeting, participants identified 22 key competencies relevant to midwifery practice in the Czech Republic. These competencies were selected based on a systematic review of relevant documents, including the international definition of a midwife[5], the definition of KCs[2], and Decree No. 55/2011 Coll. as amended[16].

Participants evaluated the competencies outlined in these documents using criteria such as the necessity of reassessment, conditions for acquisition and maintenance, potential revocation, and the need for lifelong learning with clearly defined frequency and content. They identified competencies deemed essential for midwives and assessed how these competencies should be integrated into lifelong education.

Initially, the participants disagreed on standardizing the spectrum of KCs for all midwives, regardless of role. Consequently, for each identified KC, the participants specified for which professional position it would be considered critical. The identified KCs were categorized into three main groups (Table 1).

Table 1. Identified key competencies from the focus group and related midwives' positions and roles

Key competencies	Applicable midwifery role/workplace
Hard skills – general hard skills	
1. Support for physiological childbirth	All midwifery roles
2. Monitoring fetal status	Community midwives, delivery room, high-risk pregnancy units
3. Monitoring the health of pregnant/laboring women	All midwifery roles
4. Physical examination of pregnant/laboring women	Community midwives, delivery room, high-risk pregnancy units
5. Evaluation of cardiotocography (CTG) during pregnancy and labor	Community midwives, delivery room, high-risk pregnancy units
6. Treatment and care of birth injuries	Community midwives, delivery room, gynecology departments
7. Postpartum care	All midwifery roles
8. Support for breastfeeding	All midwifery roles
9. Care of physiological newborns	Community midwives, delivery room, postpartum unit, neonatology departments
10. Initial treatment of newborns	Community midwives, delivery room, neonatology departments, high-risk pregnancy units
11. Perioperative care in midwifery	Delivery room, gynecology departments
12. Care for women with pregnancy termination beyond 12 weeks or postpartum loss	Community midwives, delivery room, neonatology departments, high-risk pregnancy units
Hard skills – acute conditions in midwifery care	
13. Neonatal resuscitation	All midwifery roles
14. Care for women with acute midwifery conditions – shoulder dystocia	All midwifery roles
15. Care for women with acute midwifery conditions – breech delivery, umbilical cord prolapse	All midwifery roles
16. Care for women with life-threatening postpartum bleeding	All midwifery roles
Soft skills – general interpersonal skills	
17. Building effective relationships	All midwifery roles
18. Self-development	All midwifery roles
19. Supporting organizational change	All midwifery roles
20. Respecting and promoting the good reputation of the organization	All midwifery roles
21. Developing interdisciplinary collaboration	All midwifery roles
22. Communication	All midwifery roles

Delphi survey results

The identified set of 22 KCs was evaluated by an expert panel using the Delphi survey. During the first phase, the panel reviewed the competencies, focusing on their relevance to clinical practice, planning for personal development, and their alignment with lifelong learning for midwives in the Czech Republic.

The Delphi process aimed to achieve consensus on the proposed KCs, assess whether any competencies were redundant or missing, and evaluate the target midwifery role for each KC.

In the first round of the Delphi study, the experts proposed a total of 17 modifications during individual meetings, which the authors grouped into nine categories according to their nature. In the second round of the Delphi survey, these modifications were incorporated into the set of key competencies (Table 2) and again presented to the Delphi survey experts during individual meetings in the third round. The experts expressed agreement or disagreement with individual proposals and then, based on the established criteria, the individual proposals were evaluated for 'complete consensus', 'consensus' or 'no consensus'.

Table 2. Adjustments to the identified set of key competencies during the Delphi survey

Category of adjustment	Proposed change		1st Phase of Delphi survey (Number of proposals)	3rd Phase of Delphi survey (Consensus)*
	Original state	New state		
Renaming competencies	Perioperative care in midwifery	Basic midwifery care related to surgical interventions	2	Yes (n=8), No (n=2) Complete consensus 80%
	Support for physiological childbirth	Support for physiological pregnancy and childbirth	8	Yes (n=10), No (n=0) Complete consensus 100%
	Support for breastfeeding	Support for nutrition and breastfeeding	3	Yes (n=10), No (n=0) Complete consensus 100%
	Care for women after termination of pregnancy	Midwifery care in postpartum loss and neonatal death	2	Yes (n=9), No (n=1) Complete consensus 90%
Expanding competencies	Supporting organizational change	Incorporate EBP, digital skills, and AI utilization	1	Yes (n=7), No (n=3) Consensus 70%
Merging competencies	Monitoring fetal status	Assessment of fetal status, intermittent auscultation, and CTG interpretation	6	Yes (n=9), No (n=1) Complete consensus 90%
	CTG assessment during pregnancy and labor			
	Self-development	Self-development and building effective relationships	2	Yes (n=7), No (n=3) Consensus 70%
	Building effective relationships			
Removing competencies	Respecting and promoting the organization's reputation	Incorporated into other competencies	3	Yes (n=10), No (n=0) Complete consensus 100%
Creating new competencies	-	Adult resuscitation	10	Yes (n=10), No (n=0) Complete consensus 100%
Content suggestions for competencies	Support for physiological childbirth – include prevention of birth injuries		2	Yes (n=9), No (n=1) Complete consensus 90%
	Treatment and care for birth injuries – requirement to report a defined number of treatments		7	Yes (n=7), No (n=3) Consensus 70%
	Assessment of fetal status, intermittent auscultation and CTG interpretation – requirement to report a defined number of CTG interpretations		5	Yes (n=8), No (n=2) Complete consensus 80%
General recommendations	Target group of midwives for each competency	All competencies for all midwives with structured obligations	5	Yes (n=10), No (n=0) Complete consensus 100%
	Reassessment of competencies every three years for all midwives		3	Yes (n=8), No (n=2) Complete consensus 80%
	Introduction of practical/theoretical exams for midwives who do not perform specific competencies in their work		1	Yes (n=3), No (n=7) No consensus 30%
	Incorporating the need for EBP into all competencies		1	Yes (n=10), No (n=0) Complete consensus 100%

AI: artificial intelligence. CTG: cardiotocography. EBP: evidence-based practice. n: absolute frequency. *Consensus was defined as follows: 80–100% agreement – complete consensus; 70–79% agreement – consensus; <70% agreement – no consensus, proposals were considered rejected.

Table 3. Modified set of identified key competencies after focus group and Delphi survey

Hard skills – general hard skills of a midwife
1. Support of physiological pregnancy and childbirth by a midwife
2. Monitoring the health status of the pregnant woman and the birthing woman by a midwife
3. Physical examination of the pregnant woman and the birthing woman
4. Assessment of fetal condition, intermittent auscultation, and interpretation of CTG during pregnancy and childbirth
5. Treatment and care of birth injuries
6. Postpartum care for women
7. Support of breastfeeding and artificial feeding
8. Care of the physiological newborn
9. First care of the newborn
10. Basic care in midwifery in connection with surgical procedures
11. Care for women with postpartum loss and newborn death
Hard skills – hard skills in acute conditions related to midwifery care
12. Newborn resuscitation
13. Adult resuscitation
14. Care for women in acute situations in midwifery – shoulder dystocia
15. Care for women in acute situations in midwifery – breech delivery and umbilical cord prolapse
16. Care for women in postpartum life-threatening bleeding
Soft skills – general soft skills of a midwife
17. Self-development and building effective relationships
18. Interdisciplinary collaboration and its development
19. Supporting the implementation of changes
20. Communication

CTG: cardiotocography.

The final set of key competencies revised based on expert consensus from the Delphi survey included a total of 20 KCs for midwives. Out of 17 proposed changes or adjustments to the set of KCs, consensus was reached on 16 proposals (complete consensus: n=12; consensus: n=4; no consensus: n=1). Based on the results of the third phase of the Delphi survey, a final set of 20 KCs for midwives was created (Table 3).

Suggestions related to recommendations for supplementing certain KCs or general recommendations were secondary outcomes of the described phase of the study. These represent a valuable source of insights, which were already considered beneficial at this stage. They became one of the sources of information used in the subsequent phase of the study, focused on preparing descriptions of individual KCs in the context of lifelong learning for midwives and defining its structure and content.

DISCUSSION

The purpose of this study was to present findings on the identification of key competencies for midwives in the Czech Republic using qualitative research methods: content analysis of documents, focus groups, and the Delphi survey.

Midwifery is a regulated profession requiring clear and consistent guidelines for all key aspects. The regulation of education, particularly its content, structure, and delivery methods, serves as a primary tool for improving the care provided by midwives and stabilizing their position within the healthcare system. While the European directive outlines the rules for regulating the profession, their national implementation must be adapted to the specific conditions of each country[7,22].

The issue of KCs is closely tied to the education of healthcare and other professional groups. However, in the Czech Republic, the content and form of lifelong learning for midwives have not been defined at the national level, even though the obligation to pursue such learning is legally compulsory[22].

Midwifery education in the Czech Republic is currently offered at the undergraduate level, specifying the range of skills and knowledge that midwives are expected to acquire. These requirements are based on formally verified learning outcomes. As noted by Phillippi and Avery[23] in their revision of the competencies outlined by the American College of Nurse-Midwives, basic KCs serve as a foundation for midwifery education, practice, and policy in any national healthcare system.

This study views KCs as a clear indicator of the essential skills and knowledge required of midwives. As Butler et al.[24] point out, identifying KCs is critical for adequately regulating midwifery practice. This includes knowledge, skills, and professional behavior necessary for providing individualized care to clients while adapting to the demands of healthcare systems and socio-economic conditions[25]. As Li et al.[26] suggest, competency assessment tools can be valuable for selecting a qualified midwifery workforce.

Hola et al.[2] describe KCs as competencies with a defined framework for acquisition, evaluation, and integration into lifelong learning. The authors of this study pursued the identification of KCs to provide a basis for developing the content and approach to lifelong learning for midwives. The absence of clear guidelines in this area has been identified as a barrier to the development of the profession.

The study employed a mixed research design, involving midwives and other experts, to systematically identify KCs. Through the analysis of legislation (Decree No. 55/2011 Coll., as amended) and other relevant documents, participants identified a set of 20 KCs. These competencies should be periodically evaluated for each midwife as part of continuous professional development. Assessment methods should include performance monitoring and completion of mandatory lifelong learning programs.

The findings and identified competencies of this study are tailored to the Czech Republic's healthcare and educational systems. While the methodology can be applied to other contexts, the specific competencies may not align with the needs of other countries.

The research design proved effective for identifying KCs and may be applicable to other national healthcare systems or non-physician healthcare professions.

Strengths and limitations

This study has several limitations. The methodological approach used in the study has its limitations and these must be taken into account. In the studies used, it is necessary to take care of adequate selection of participants to ensure objectivity and relevant results. We consider the number of focus group participants to be sufficient, but the results may have been influenced by the experiences of individual participants. The experts of the Delphi survey sufficiently covered the spectrum of expertise involved in midwifery care and related fields. The rapid evolution of evidence-based practice (EBP) and new technologies in healthcare may necessitate ongoing updates to the identified competencies.

Despite these limitations, the study provides a robust foundation for defining key competencies and structuring lifelong learning for midwives in the Czech Republic, and the process for identifying them can be used in other systems.

CONCLUSIONS

The autonomous practice of midwives requires clear regulations governing the profession. Identifying KCs in the context of national and European legislation, as well as international definitions of midwifery, contributes to structuring the content and approach of lifelong learning for midwives. Lifelong learning activities should be tailored to maintain or enhance these KCs, taking into account factors that influence competency levels.

The research design of this study should be an effective and optimal design for identifying key competencies also in other countries.

The authors aim to develop a detailed description of the identified KCs and propose a framework for lifelong learning for midwives in the Czech Republic. This framework will incorporate a clear structure for continuous professional development, which is a critical regulatory element of the profession.

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