

AGENDA

Page

OPEN SESSION

1. MINUTES OF PREVIOUS MEETING – SEPTEMBER 22, 2021 (OPEN SESSION)
2. BUSINESS ARISING
3. CHAIR'S COMMENTS AND UPDATE
4. REPORT FROM GRADUATE COUNCIL
2 - 84 *Approval*
 [Midwifery Program Proposal](#)
5. PROPOSED NAME CHANGE FOR THE MCMASTER CANCER RESEARCH CENTRE
85 - 86 *Approval*
 [Proposed Name Change - McMaster Cancer Research Centre](#)
6. OTHER BUSINESS



NEW PROGRAM PROPOSAL

Master's Degree

Midwifery

March 8, 2021

TABLE OF CONTENTS

COMPLETING THE NEW PROGRAM PROPOSAL DOCUMENT	4
CHECKLIST FOR NEW PROGRAM PROPOSALS	4
1 PROGRAM	6
1.1 PROGRAM DESCRIPTION.....	6
1.2 PROPOSAL PREPARATION AND CONSULTATION PROCESS.....	6
1.3 CONSISTENCY WITH MCMASTER'S MISSION AND ACADEMIC PLAN.....	7
1.4 PROGRAM LEARNING OUTCOMES.....	9
1.5 CONSISTENCY WITH DEGREE LEVEL EXPECTATIONS.....	9
1.6 DEMAND FOR PROGRAM.....	11
I. Evidence of Societal/Labour Market Need	11
II. Evidence of Student Demand	14
III. Justifiable Duplication	15
1.7 DEGREE NOMENCLATURE.....	15
2 ADMISSION & ENROLMENT.....	15
2.1 ADMISSION REQUIREMENTS	15
2.2 ENROLMENT PLANNING AND ALLOCATIONS.....	16
2.3 ALTERNATIVE REQUIREMENTS	117
3 STRUCTURE.....	117
3.1 ADMINISTRATIVE, GOVERNANCE AND COMMUNICATION	17
3.2 STRUCTURE AND REGULATION.....	17
3.3 GRADUATE PROGRAMS - PROGRAM LENGTH	23
4 CURRICULUM AND TEACHING	23
4.1 PROGRAM CONTENT.....	23
4.2 PROGRAM INNOVATION.....	24
4.3 MODE(S) OF DELIVERY	24
4.4 EXPERIENTIAL LEARNING	24
4.5 ACCESSIBILITY & INCLUSION	25
4.6 RESEARCH REQUIREMENTS (IF APPLICABLE)	26
5 ASSESSMENT OF LEARNING.....	27
5.1 METHODS FOR ASSESSING STUDENTS.....	27
5.2 CURRICULUM MAP.....	228
5.3 DEMONSTRATING STUDENT ACHIEVEMENT	29
6 RESOURCES.....	30
6.2 GRADUATE PROGRAMS	30
6.2.1 ADMINISTRATIVE, PHYSICAL AND FINANCIAL RESOURCES.....	30
6.2.2 LIBRARY, TECHNOLOGY, AND LABORATORY RESOURCES.....	30
6.2.3 FACULTY.....	30
6.2.4 STUDENT FINANCIAL SUPPORT	31

6.2.5	<i>FACULTY RESEARCH FUNDING</i>	31
6.2.6	<i>SUPERVISION</i>	32
7	QUALITY AND OTHER INDICATORS	33
7.1	ACADEMIC QUALITY OF THE PROGRAM.....	33
7.2	INTELLECTUAL QUALITY OF the STUDENT EXPERIENCE.....	34
	TRACKING THE APPROVALS PROCESS FOR NEW GRADUATE PROGRAMS	35
 Appendices		
	Appendix A: Letters of support.....	36
	Appendix B: Curricula Vitae of faculty members.....	58

COMPLETING THE NEW PROGRAM PROPOSAL DOCUMENT

This New Program Proposal template is structured to correspond with the evaluation criteria outlined in McMaster's Policies, Procedures and Guidelines:

<https://www.mcmaster.ca/policy/AdminAcad/AcadAdmin/AcademicProgramReview.pdf>.

For additional information, contacts or guidebooks, departments can visit the IQAP website <https://mi.mcmaster.ca/iqap/> or email iqap@mcmaster.ca.

Please ensure that your department refers to the New Program Proposal Guidebook for clarification and further information on the types of evidence required and, where applicable, what resources are available to assist in retrieval or interpretation of the information required for this proposal.

CHECKLIST FOR NEW PROGRAM PROPOSALS

The following section indicates all the items that are required as part of a **complete** new program proposal package which includes all the necessary documents. Part I, II and III should be submitted as separate files to iqap@mcmaster.ca.

PART I: COMPLETE NEW PROGRAM PROPOSAL DOCUMENT

- ☒ Complete New Program Proposal Template
- ☒ Faculty CVs (can be submitted on CD or USB)
- ☒ Memorandum(s) of Understanding (Letters of Support) (if applicable)

PART II: RESOURCE IMPLICATIONS AND FINANCIAL VIABILITY TEMPLATE

- ☒ Completed
- ☒ Approved

PART III: FEES MEMO

- ☒ Completed
- ☒ Approved

Chair's Declaration of New Program Proposal Completeness:

I, Dr. Nick Leyland, have reviewed the New Program Proposal for an M.Sc. (Midwifery) and agree that it is complete and satisfies all of the requirements McMaster University's Policy on Academic Program Development and Review.

Signature:

Executive Vice Dean and Associate Vice President Academic's Declaration of New Program Proposal Completeness:

I, Susan Denburg, have reviewed the New Program Proposal for an M.Sc. (Midwifery) and agree that it is complete and satisfies all of the requirements McMaster University's Policy on Academic Program Development and Review.

Signature:

1 PROGRAM

1.1 PROGRAM DESCRIPTION

We are proposing a Master's of Science degree in Midwifery. Conceptualization of the program is based on the following research-based description of "advanced midwife practitioners":

"Four major attributes of advanced midwife practitioners (AMPs) are identified:

- *autonomy in practice,*
- *leadership,*
- *expertise, and*
- *research skills.*

*A consensus was found on the need of preparation at master's level for AMPs. Such midwives have a broad and internationally varied scope of practice, fulfilling different roles such as clinicians, clinical and professional leaders, educators, consultants, managers, change agents, researchers, and auditors."*¹

The program will target midwives from Canada and abroad who wish to acquire an advanced body of knowledge and skills that will prepare them for leadership roles within the profession. Such roles include, but are not limited to, clinical and professional leaders, educators, researchers, and clinicians with specialized advanced clinical skills. As described in greater detail in Section 1.6, the program aims to address a societal need in Canada for midwives to play an increased role in leadership within health systems. It will also provide the option to develop discrete advanced clinical skills through elective courses. The program content derives from the major attributes of advanced midwife practitioners listed above, including autonomy in practice, leadership, expertise, and research skills. Graduates will critically integrate new knowledge and skills and contribute to the international body of scholarship about the impact of quality midwifery care.

The program will offer both a course-based and a thesis-based option for completing the degree, as well as a choice between full-time or part-time studies. The program structure is designed to support the participation of international students and/or midwives who are working by offering a flexible and accessible learning schedule and a part-time option. The modes of program delivery will include a blended model of in-person and online formats. All students will complete an initial week-long in-person residency followed by completion of three additional 3-unit core courses online, and a second residency week course in a synchronous online format. Students in the thesis option will complete an additional 6 units of electives and the thesis, whereas students in the course-based option will complete an additional 12 units of electives and a capstone portfolio.

1.2 PROPOSAL PREPARATION AND CONSULTATION PROCESS

This proposal was developed by a working group of faculty, instructors, and adjunct clinical faculty involved in the McMaster Midwifery Education Program, which included Liz Darling RM PhD, Carol Cameron RM MMid, Abigail Corbin RM MHM, Kate Demers RM MMid, Anne Malott RM PhD, Helen McDonald RM MHSc, Beth Murray-Davis RM PhD, Claire Ramlogan-Salanga RM, and Kathi Wilson RM MSc.

¹ Goemaes R, Beeckman D, Goossens J, Shawe J, Verhaeghe S, Van Hecke A. Advance midwifery practice: An evolutionary concept analysis. Midwifery 2016;42:29-37. [https://www.midwiferyjournal.com/article/S0266-6138\(16\)30148-6/pdf](https://www.midwiferyjournal.com/article/S0266-6138(16)30148-6/pdf)

Additional input was provided by Karyn Kaufman, DrPh, Professor Emerita and founding director of the McMaster Midwifery Education Program.

Consultations at McMaster were also held with the following people:

- Child Life & Pediatric Psychosocial Care (Cathy Humphreys)
- Global Health (Andrea Baumann)
- Health Management (Glen Randall)
- Health Research Methodology (Mitch Levine)
- Health Science Education (Lawrence Grierson)
- MacPherson Institute – IQAP (Amy Gullage)
- McMaster Health Sciences Library (Jennifer McKinnell)
- Nursing (Nancy Carter)
- Public Health (Emma Apatu)
- Rehabilitation Sciences (Dina Brooks)
- Indigenous Health Initiative (Bernice Downey)

Letters of support have been provided from Nursing, Health Research Methodology, Health Science Education, Public Health, and Rehabilitation Sciences to confirm that students in the proposed program would be able to take elective courses in their programs (see Appendix A).

We have also consulted within the profession of midwifery in Canada. Section 1.6 reports the findings of a survey of Canadian midwives that we conducted as part of our consultations. Letters of support from the Canadian Association of Midwives, the College of Midwives of Ontario, and the Association of Ontario Midwives also demonstrate support from midwifery stakeholder organizations at the provincial and national level. Letters of support from several hospitals confirm support in the broader health sector. (Letters of support are in Appendix A.)

1.3 CONSISTENCY WITH MCMASTER'S MISSION AND ACADEMIC PLAN

I. McMaster's Strategic Mandate Agreement:

The proposed Master's degree program builds on one of McMaster's existing areas of focus: *51-Health professions and related programs*. While the degree targets students from a single health profession (midwifery), the curriculum reflects McMaster's institutional strength and focus on leveraging strengths to advance human and societal health and well-being through interdisciplinary learning. The program will draw on scholarship from the fields of business and health management, social sciences, epidemiology, health services, and health policy as well as building on the body of knowledge of midwifery. Students in the program will receive a comprehensive and integrated education that will prepare them to apply new knowledge to lead innovation in the health system that addresses pressing and emerging challenges. The proposed program will be housed within the Faculty of Health Sciences and will add new graduate level training to build on an existing program within the School of Medicine (i.e., the Midwifery Education Program). The program will provide all students the opportunity to participate in experiential learning which will support readiness to successfully apply new knowledge and skills in the work environment upon graduation. Learning activities throughout the program will support the development of skills and competencies that are directly applicable to job roles that graduates will assume. Students will undertake real world projects that contribute to improvements in health care as part of the program. The degree will

equip students not only with leadership skills that will prepare them for leadership roles in the workforce, but also to be engaged and successful global citizens.

II. **McMaster's current priorities:**

The Master's degree in Midwifery will align with multiple areas of McMaster's institutional priorities as articulated in the university's mission and vision, as well as themes identified through President Farrar's recent consultation with the university community.

Innovation in Teaching and Learning Excellence - This degree will be the first graduate level degree in midwifery in Canada. The McMaster Midwifery Education Program is a leader in developing unique, high quality continuing clinical educational opportunities for practicing midwives (e.g., surgical assistant in obstetrics, point of care ultrasound, etc.). These courses have been developed through interprofessional collaboration with other disciplines (e.g., obstetrics, radiation sciences) and provide a foundation of excellence in teaching practicing midwives upon which we will build. The program will primarily be offered in an online format that will make it accessible to students at a distance and to part-time students who wish to work while studying. Experiential education, in the form of clinical placements and leadership placements will provide excellent opportunities for students to apply knowledge and consolidate skills.

Access and Equity - Equity and inclusion will be a key theme of the curriculum. Its centrality will be established in a required course that addresses social justice and inclusive leadership and prepares graduates to be able to lead with empathy and compassion. Access to the program for a broad spectrum of students will be facilitated by offering a primarily online format and a part-time option. A facilitated admissions processes for Indigenous applicants and Black applicants will reduce structural barriers that limit the participation of Indigenous people and Black people in graduate studies. The proposed program aligns with the Faculty of Health Sciences [Indigenous Health Education Strategic Plan](#).

Research Excellence and Impact - The program faculty are members of the McMaster Midwifery Research Centre (MMRC), the first such centre in Canada, and are leading researchers in the field nationally. The MMRC members have a strong track record of supervising graduate students from other Faculty of Health Sciences' programs with respect to degree completion, publication, and obtaining student research funding. Students in the master's degree will participate in activities of the MMRC and will be involved in cutting-edge midwifery research.

Innovation, Economic Development and Community Engagement - The program has been developed to address a need within the health system for midwives to take on leadership roles to improve access to high quality sexual and reproductive health care. The program will enable students to develop skills to lead health system innovation while being flexible and adaptable to best meet the needs of the communities that they serve. A key component of the curriculum will address community engagement, and how to lead health care change that meets community needs. Students will also have the opportunity through elective courses to acquire specific advanced skills to enable them to address specific gaps in sexual and reproductive health care in their community.

Enrollment Strategy - The degree will target students from across Canada and international students in

addition to those from Ontario. The primarily online format will allow the participation of students who live and work outside the Hamilton area. The participation of students from multiple jurisdictions will enrich the interactive components of the program. The experience and contributions of international students will expose Canadian students to ideas that might be used to strengthen the contributions of midwives in Canada and vice versa. The participation of international students will also raise the stature of McMaster University within the midwifery profession both nationally and internationally.

1.4 PROGRAM LEARNING OUTCOMES

Upon completion of the MSc in Midwifery, students will be able to:

- 1) critically evaluate research methods and the validity of key assumptions and evidence (PLO1),
- 2) apply theoretical knowledge to plan, implement, and lead change within health care settings to transform systems and achieve results (PLO2),
- 3) apply concepts of social justice as a leader and to promote equitable sexual and reproductive health care that meets community needs (PLO3),
- 4) advocate for and lead expansion of the role and contributions of midwives in health systems (PLO4),
- 5) communicate effectively as a leader using both written and oral communication strategies (PLO5),
- 6) apply knowledge to evaluate initiatives in a health care setting or conduct original research to advance scholarship within the field of midwifery (PLO6), and
- 7) demonstrate critical analysis and expertise in a focus area of midwifery leadership (e.g., advanced practice, professional leadership, midwifery education, midwifery research) (PLO7).

1.5 CONSISTENCY WITH DEGREE LEVEL EXPECTATIONS

A detailed description of how each of the program learning outcomes maps onto the degree level expectations and the associated teaching activities and assessment methods is provided in Section 5.2. In the table below we have provided a broad description of how each of the degree level expectations will be met or exceeded, and how this aligns with the Program Learning Outcomes listed in Section 1.4.

How the program addresses master's degree level expectations	Alignment with Program Learning Outcomes
1. Depth and Breadth of Knowledge Students will demonstrate understanding of current issues pertaining to the role of midwifery within health systems and factors influencing those issues, and of current scholarship pertaining to health care leadership and social justice within health care and how these bodies of knowledge can be applied within the midwifery profession. Students will also gain an understanding of health research methodology and will demonstrate the ability to apply this knowledge. The core body of knowledge for this degree will be covered in the five core courses (two residencies, and three asynchronous courses). Students will develop	PLO1 PLO2 PLO3 PLO6 PLO7

additional depth of knowledge in an area of focus of their choosing through their elective courses and thesis or capstone portfolio. Potential areas of focus include advanced clinical practice, professional leadership, midwifery education, and midwifery research.	
2. Research and Scholarship Students will demonstrate the ability to apply and generate research and scholarship within the field of midwifery to address complex issues. They will produce written work that develops and supports a sustained argument, and critically evaluate and apply knowledge to original real-world problems as part of the major written assignments in core courses. They will acquire the ability to apply established techniques of research and inquiry to evaluate health system innovations and continuous improvement endeavors to generate new knowledge.	PLO1 PLO2 PLO3 PLO6 PLO7
3. Application of Knowledge Students will demonstrate competence to apply the body of knowledge they acquire to critically analyze new questions and novel problems. This will be demonstrated throughout all components of the program through written and oral assignments and interactions (e.g., discussion forums). Students will demonstrate the specific ability to critically analyze and apply knowledge to: 1) plan the implementation of health system innovation and/or improvement, 2) address social inequity in health care, and 3) evaluate continuous improvement or innovation initiatives. These skills will be developed through major written and oral assignments in core courses in which students apply knowledge to examine unique problems.	PLO1 PLO2 PLO3 PLO4 PLO6 PLO7
4. Communication Skills Students will demonstrate strong communication skills that can be applied within a variety of midwifery leadership roles. Students will build and demonstrate these skills through participation in asynchronous discussion forums with peers, write independent written assignments, make oral presentations, and produce either a capstone portfolio or a thesis.	PLO4 PLO5 PLO7
5. Awareness of Limits of Knowledge Students will demonstrate cognizance of the complexities of knowledge and of the potential contributions of other interpretations, methods, and disciplines throughout the program. Interactions with peers and faculty will help to support this awareness.	PLO1 PLO6 PLO7
6. Autonomy and Professional Capacity Students will demonstrate personal responsibility, accountability, ethical behaviour, and academic integrity in meeting the requirements of the degree. They will develop skills to support decision-making in complex situations and the intellectual independence required to support life-long learning and continuing professional development. Course content on personal leadership skills will specifically foster these abilities and will be applied in the development of a personal leadership vision that will form the basis of one of the assignments for the second residency. Major assignments in core courses will support students to develop transferable skills and the ability to intelligently apply knowledge in particular contexts. These skills will support graduates to assume a range of different kinds of leadership roles within the midwifery profession, including advanced clinical practice, clinical and hospital leadership, midwifery education, and midwifery research.	PLO2 PLO3 PLO4 PLO5 PLO6 PLO7

1.6 DEMAND FOR PROGRAM

I. EVIDENCE OF SOCIETAL/LABOUR MARKET NEED

The profession of midwifery was first regulated in Canada in the province of Ontario in 1994. Midwives now attend >10% of births across Canada, and that proportion is higher in British Columbia (22%) and Ontario (16%). The profession is growing rapidly and is now regulated and funded in all Canadian jurisdictions except PEI and the Yukon.² In 2019, there were 1909 registered midwives in Canada, 976 of whom are in Ontario.² Demand for midwives is high. In Ontario, there has consistently been a 100% employment rate for graduates of the Ontario undergraduate midwifery education programs who are seeking work.

Globally, midwives play an essential role in working towards achieving universal health care by 2030.³ The scope of midwives is recognized internationally to extend beyond care during pregnancy and birth to include family planning and other sexual and reproductive health services,⁴ and midwives have the knowledge and skills to provide 87% of sexual, reproductive, and health services.⁵ However, significant expansion of the midwifery work force will be required to meet the 2030 goal of universal health care. The International Confederation of Midwives has identified that increased midwifery leadership is a strategic priority that will be key to the successful expansion of the profession.⁶ Around the world, there is a need to train midwives to support them to successfully move into leadership positions.⁶

Across Canada, there are significant geographical and social inequities in access to sexual and reproductive health care, particularly for young, immigrant, LGBTQI2S, economically-disadvantaged, Indigenous, persons with intellectual and developmental disabilities, and uninsured people. Midwives in Canada remain an underutilized resource that could be used to improve access to appropriate, high quality sexual and reproductive health care. One example where this is beginning to occur is in the renewal of Indigenous midwifery. Indigenous midwives are bringing birth back into Indigenous communities in ways that support the regeneration of Indigenous families and the health and safety of communities.⁷ In Canada, Indigenous midwives are leaders in providing care across the lifespan and have much to offer non-Indigenous midwives in demonstrating how this can be done. At the same time, there remains a pressing need to expand the availability of Indigenous midwifery services to more communities. The proposed master's program will support both Indigenous and non-Indigenous midwives to develop leadership skills that will

² Canadian Association of Midwives. <https://canadianmidwives.org/midwifery-across-canada/>, accessed December 31, 2020

³ The importance of midwives in achieving universal health coverage. <https://www.wilsoncenter.org/event/importance-midwives-achieving-universal-health-coverage>, accessed January 29, 2021.

⁴ The status of nursing and midwifery in the world (Editorial). *The Lancet* 2020; 395:1167.

⁵ World Health Organization. The case for midwifery. https://www.who.int/maternal_child_adolescent/topics/quality-of-care/midwifery/case-for-midwifery/en/, accessed January 29, 2021.

⁶ International Confederation of Midwives. Strategic Plan 2021-2023. https://www.internationalmidwives.org/assets/files/general-files/2021/01/2021---2023-icm-strategic-plan-eng-ext_final.pdf, accessed January 29, 2021.

⁷ The National Aboriginal Council of Midwives. Indigenous Midwifery. <https://indigenousmidwifery.ca/indigenous-midwifery-in-canada/>, accessed on January 29, 2021.

enable them to make meaningful contributions to addressing societal inequities in access to sexual and reproductive health care.

At this point in the development of the profession in Canada, the following factors support the need for a master's degree in Midwifery:

1. Expertise and Autonomy in Practice:

The midwifery scope of practice across Canada has expanded over time to include advanced skills (e.g., surgical assist, point of care ultrasound, intrauterine contraceptive device insertion, etc.) that are additional to the core competencies of the profession and not part of the skill set of all midwives. Advanced skills are not included in the curriculum of undergraduate programs that prepare midwives for entry to practice, so midwives must seek out continuing education to add them to their skill set. Midwives who take continuing education training courses in advanced skills face barriers in finding opportunities for hands-on practice in clinical settings following didactic training and simulation as well as barriers within the health system to integrating these skills in practice (e.g., due to systemic issues such as funding). Incorporating advanced skills training as elective courses options in our proposed program supports expansion of this expertise within the profession. Furthermore, McMaster's existing clinical placement network will facilitate access to placement opportunities to consolidate skills while the program's core courses will provide graduates with skills to support successful implementation of new services.

Midwives are also taking on new clinical roles in health systems (e.g., integrating into inter-professional teams, and providing collaborative care to populations with complex needs). Research on pilot projects in Ontario indicate that integrating midwives into expanded clinical roles leads to excellent clinical outcomes, high levels of satisfaction for clients, improved access to care for underserved populations, more appropriate care for populations who are marginalized, improved retention of midwives in the work force, and high levels of satisfaction among health care providers.⁸ The master's degree that we propose will not only prepare midwives for these roles, but will provide them with the leadership skills to create new roles where they do not yet exist.

McMaster midwifery faculty members have led the creation a new midwifery clinical service that is integrated into the Crown Point Family Health Team in an underserved neighbourhood in Hamilton. The midwives working in this service are providing a range of services including intrauterine contraceptive device insertion, medication abortion, menopausal counselling, and postpartum mental health peer support groups. This is one example of kinds of clinical sites where we will be able to arrange clinical placements for students.

2. Leadership:

Strong evidence demonstrates that effective leadership in healthcare improves patient safety, patient experience, clinical outcomes, workforce engagement, retention and more.⁹ The International

⁸ Darling EK. Improving Access to Midwifery Care in Canada: Research Insights to Shape the Future. McMaster Midwifery Research Symposium. Hamilton, ON: Oct 26, 2020.

⁹ Corbin A, Darling EK, Pearce-Kelly T, Wise K. Health leadership competencies for health leaders around the world and their application to the Canadian midwifery profession: a scoping review. Canadian Journal of Midwifery Research and Practice. (Accepted for publication)

Confederation of Midwives recognizes the need for leadership growth within the midwifery profession around the globe and identified leadership as one of their strategic objectives from 2017-2020.¹⁰

Twenty-six years into the integration of midwifery in the Ontario health system, midwives remain under-represented in administrative hospital leadership roles. The successes of hospitals where midwives have taken on these roles (e.g., [Markham Stouffville Hospital](#)) point to the untapped potential for midwifery leadership to contribute to system transformation and excellence in clinical care. Across the health system there is an expectation that individuals who take on these roles will have formal graduate training at the master's level. Our proposed program will provide ideal preparation for such roles.

The McMaster Midwifery Education Program has currently been engaged by the London Health Sciences Centre (London, ON) to provide mentorship and training to the Midwifery Department as part of their effort to build midwifery leadership in their hospital. This speaks to the recognized need identified by hospital administrators to develop midwifery leadership and to the respect for McMaster Midwifery as an academic unit best positioned to assist this development (see letter of support).

3. Research:

Canadian midwives and midwifery organizations have identified that midwifery-led research is essential in providing high quality care.¹¹ The McMaster Midwifery Research Centre (MMRC) is the first and only midwifery research centre in the country. Since its inception in 2018, MMRC Scientists have provided mentorship to 15 graduate students and an additional 5 practicing midwives who are interested in conducting midwifery research. There are also currently 16 adjunct members who are engaged in research activities with the centre. The MMRC's most recent research symposium was attended by 288 participants, including: midwives, midwifery students, medical students, undergraduate and graduate students, midwifery association staff, researchers, academics, educators, nurses, government representatives, patient advocates, and librarians, hailing from 99 cities from coast to coast to coast across Canada, as well as international attendees from as far as Argentina and Norway. The high level of engagement with the MMRC is a positive indicator of the appetite within the midwifery profession for additional opportunities to engage in research.

In summary, there is a need for midwives with scholarly and leadership skill across a range of roles. Within Canada, midwives with master's level preparation currently hold leadership positions such as faculty members in undergraduate education programs, directors and managers of professional organizations, directors of along-side midwifery units and birthing centres, head midwives, clinical leads, and researchers. A Canadian master's of midwifery degree would more thoroughly prepare midwives for these roles and would help to create new opportunities for midwives in Canada to assume roles that are seen frequently in other countries (such as hospital program managers and professional clinician educators).

¹⁰ International Confederation of Midwives (2018). ICM Strategy 2017 - 2020. Retrieved from: <https://www.internationalmidwives.org/assets/files/general-files/2018/04/final-copy-icm-strategy-2017-20-online.pdf>

¹¹ Murray-Davis, B., Hutton, E., Carty, E., Kaufman, K., & Butler, M., (Eds). Comprehensive Midwifery: The role of the midwife in health care practice, education, and research. The e-Book Foundry @ McMaster University: Hamilton; 2018. Available from: <https://ecampusontario.pressbooks.pub/cmroleofmidwifery/>

II. EVIDENCE OF STUDENT DEMAND

In the fall of 2020, the McMaster Midwifery Education Program invited registered and Indigenous midwives across Canada to participate in an online survey through email newsletters distributed by the Association of Ontario Midwives and the Canadian Association of Midwives. The purpose of the survey was to determine the level of interest in a master's degree program in midwifery and to seek midwives' input in shaping McMaster's continuing education and graduate education offerings for midwives.

We received responses from 154 midwives. We estimate the current number of midwives in Canada to be roughly 2000, which give our responses an 8% margin of error with a 95% confidence interval.

Demographics - Of the respondents, 86% were from Ontario, 7% BC, 4% Alberta and the rest from other provinces and territories (see Appendix X). Most respondents had trained in direct-entry undergraduate programs (65%), while others entered the profession through pre-registration program for midwives practicing prior to midwifery regulation (e.g., Michener Program in Ontario), assessment or bridging programs for internationally trained midwives (e.g., Ryerson's IMPP, UBC's IEMBP), or Indigenous midwifery education programs.

Two thirds (66%) of respondents were in the first ten years of their career. Of respondents who described their current work arrangements (n=123), two-thirds (67.5%) reported working in full-time clinical practice, and less than 3% were in full-time non-clinical leadership roles. 16% of respondents had a master's degree, and 1% had a PhD. Further, 5.5% were currently in a master's degree and 2.5% were enrolled in a PhD.

Interest in graduate studies - There was a high level of interest in future graduate studies: 6 in 10 midwives (59%) reported that they might consider enrolling in graduate studies in the future and 4 in 10 (39%) reported planning to enrol in graduate studies within the next 5 years. Respondents agreed that a Canadian master's degree in midwifery would be beneficial to the midwifery profession (81% agreed or strongly agreed) and an even greater number (83%) expressed a preference for a Canadian master's program over an international program.

Format of master's degree – Preferences regarding the format and structure of graduate studies are strongly aligned with our proposal. There was very strong agreement that the program should be provided in a way that allows for midwives to continue their clinical practice (96%) (see Table 3). Midwives do not want to move to complete the program (91%), though there is support for short in-person courses (86%), or some opportunities for in-person learning (77%). There were very high levels of support for both part-time (96%) and full-time (91%) options. Respondents agree that the program should be available online (94%), and customizable to their interests (91%), with 79% agreeing that asynchronous online courses would allow desired flexibility for midwives. There were similar levels of preference for thesis-based (44%) and course-based (56%) options.

Content of master's degree - Different topics of learning were presented to determine areas of interest. Clinical teaching, leadership, research and advanced clinical skills were all met with strong interest.

Midwives agreed most strongly with the statement “I am interested in gaining skills that will enhance the contributions that I make to the health system” (94% agreed or strongly agreed). Midwives also expressed a strong desire to integrate new clinical skills into their practice (88%).

Overall, the survey responses indicate that there is a keen appetite among midwives in Canada for academic learning and further education. Midwives are motivated to enhance their clinical, leadership and research skills and 17 % of our respondents had graduate level education. The profession is skewed towards those within the earlier part of their careers, suggesting strong potential for future desire for career growth. Canadian midwives want a midwifery master’s program that is offered within Canada, and that affords the option of continuing clinical practice in their home communities while completing it. Given that half of Canadian registered midwives reside in Ontario, many midwives are already familiar with McMaster University, and the university is perfectly poised to lead this innovative new program.

III. JUSTIFIABLE DUPLICATION

The proposed degree is the first of its kind in Canada and will not duplicate other existing degrees. The clinical placements for this degree will not overlap with the clinical placements of undergraduate midwifery students. We do not anticipate any impact on other programs at McMaster or at other institutions.

1.7 DEGREE NOMENCLATURE

The proposed degree is a Master’s of Science in Midwifery. The specific degree level is relevant for the proposed program because it targets midwives, who will typically have completed a baccalaureate degree in midwifery to enter the profession and who will bring to the degree a shared body of knowledge relevant to midwifery practice. The content of the degree will be of a more specialized nature than an undergraduate degree in midwifery, addressing topics that extend beyond the core competencies of midwifery and supporting graduates to bring a systematic and scholarly approach to the application of specialized midwifery knowledge. As described above in section 1.5, the program will meet or exceed the degree level expectations for a Master’s degree. Midwifery is a unique regulated health profession in Canada, and both the target audience and the content of this degree support the proposed name of M.Sc. (Midwifery).

2 ADMISSION & ENROLMENT

2.1 ADMISSION REQUIREMENTS

Admission requirements will include:

1. a four-year undergraduate degree* in midwifery or the international equivalent from an accredited university,
2. a B+ average (minimum 77%, equivalent to a McMaster 8.5 grade point average) in the final two years of undergraduate study, and
3. a minimum of two years of full-time (or equivalent) clinical experience as a practicing midwife.

* Indigenous midwives in Canada who have completed an Indigenous midwifery education program but who have not completed a university degree are eligible to apply for admission through the Facilitated Indigenous Admission Process (See Section 2.3).

As part of the application package, applicants will submit a written personal statement which will describe how their personal experience has prepared them for this degree and will identify their specific area of interest. Applicants will also be required to provide both personal and academic references, which will be used to assist in appraising whether the applicant may be reasonably expected to achieve the learning outcomes upon program completion. Applicants to the thesis stream will be required to submit an academic writing sample.

Applicants whose native language is not English will be required to demonstrate proficiency in the use of the English language, as outlined in the Graduate Calendar. A minimum acceptable TOEFL (iBT) score will be 92 overall with a minimum of 22 for reading 24 for speaking, 24 for listening and 22 for writing. Alternately an overall minimum IELTS score of 7.0 will be required.

Applicants wishing to take clinical elective courses while in the program must be eligible to practice midwifery in Canada.

Meeting the above minimum admissions requirements will not guarantee admission. Limited space will be available, and the admission process is expected to be competitive. Admission to the thesis stream of the program will be limited and students enrolled in the thesis stream will be required to enrol as full-time students.

Applicants will be expected to have taken an undergraduate course in critical appraisal of research (this is a standard component of the curricula of undergraduate midwifery education programs in Canada). Applicants who do not meet this criterion will be required to complete a non-credit course on this subject during the first term of enrollment.

2.2 ENROLMENT PLANNING AND ALLOCATIONS

Academic Year	Cohort Year 1	Cohort Year 2	Cohort Year 3	Total Enrolment	Maturity
2022-23	8 F/T (5 thesis) 16 P/T			8 F/T (5 thesis) 16 P/T	
2023-24	9 F/T (5 thesis) 18 P/T	8 F/T (5 thesis) 16 P/T		17 F/T (10 thesis) 34 P/T	
2024-25	10 F/T (6 thesis) 20 P/T	9 F/T (5 thesis) 18 P/T	- 16 P/T	19 F/T (11 thesis) 54 P/T	
2025-26	10 F/T (7 thesis) 20 P/T	10 F/T (6 thesis) 20 P/T	- 18 P/T	20 F/T (13 thesis) 58 P/T	
2026-27	10 F/T (8 thesis) 20 P/T	10 F/T (7 thesis) 20 P/T	- 20 P/T	20 F/T (15 thesis) 60 P/T	20 F/T 60 P/T

2.3 ALTERNATIVE REQUIREMENTS

All applicants to the program will be required to submit transcripts, clinical and academic references, and a written personal statement.

The program will incorporate facilitated admissions processes for Indigenous and Black applicants to support an inclusive community and to reduce barriers to admission. The process will be similar to the undergraduate Midwifery Education Program's Facilitated Indigenous Application Process (FIAP) and Facilitated Black Admissions Process (FBAP). Applicants will have the option to self-identify in their application. This will prompt a personal one-to-one interview with an Indigenous or racialized faculty member to connect with the applicant to assess suitability to the program and support community building. Applicants will submit standard admission requirements. The applications of individuals who opt into the FIAP or FBAP processes will be reviewed by Indigenous or Black assessors, respectively. Offers of admission will be based on top ranking candidates based on supplementary documentation, GPA, and interview scores.

3 STRUCTURE

3.1 ADMINISTRATIVE, GOVERNANCE AND COMMUNICATION

Like all graduate programs in the Faculty of Health Sciences (FHS), the MSc in Midwifery will have a director. The director will:

- Be selected from faculty affiliated with the undergraduate Midwifery Education Program or the McMaster Midwifery Research Centre (who are typically, but not exclusively appointed in the Department of Obstetrics). The Director will have a dual reporting role to the Associate Dean of Graduate Studies (FHS) and to the Chair of the Department of Obstetrics.
- Ensure admission requirements and academic regulations are appropriately applied
- Work in conjunction with the program's admissions and advisory committees; the Assistant Dean, Midwifery; Chair of the Department of Obstetrics; the deans; and governing bodies of the university
- Take overall responsibility for activities related to the delivery of the program such as instructional support, recruitment, and evaluation
- Develop an annual report for the Department of Obstetrics and FHS

The program will have four standing committees: advisory, curriculum, admissions, and student affairs committees. Each committee will have clearly defined terms of reference to deal with specific issues of the program. Changes to the program (e.g., course changes) will initially be developed and approved by the curriculum committee. Subsequent approvals will follow the normal university order of procedure (e.g., Health Sciences Graduate Policy and Curriculum Council, the Faculty Executive Council, and Graduate Council, as appropriate).

A Program Coordinator will be hired to oversee the administration of the program and will function as the primary administrative contact for admissions, calendar changes, degree audits, in addition to the coordination and support of other administrative activities. Part-time administrative assistance will also be hired to support coordination of student placements. Students completing leadership placements or

clinical placements will be overseen by a faculty supervisor who will assign the final grade informed by the placement preceptor's recommendations.

3.2 STRUCTURE AND REGULATION

The program includes five required courses, worth a total of 12 units, and either a) 6 units of electives plus a thesis, or b) 12 units of electives plus a capstone portfolio (see Table below). All courses are at the graduate level. These expectations meet or exceed university requirement in terms of the minimum number of courses, level of courses, and required elements. Each program learning outcome is addressed in at least one required course as well as in the capstone portfolio or thesis (shown in full detail in the Curriculum Map table in Section 5.2).

Required Courses	
MIDWIF 700: <i>Midwifery Leadership: Residency 1</i> (1.5 units) MIDWIF 701: <i>Leadership in the Midwifery Profession</i> (3 units) MIDWIF 702: <i>Social Justice and Inclusive Leadership</i> (3 units) MIDWIF 703: <i>Foundations of Research for Midwifery Leadership</i> (3 units) MIDWIF 704: <i>Midwifery Leadership: Residency 2</i> (1.5 units) SGS 101 / Academic Research Integrity and Ethics SGS 201/ Accessibility for Ontarians with Disabilities Act - (AODA) Training Indigenous Health Online Modules [Critical Appraisal of Research Modules for students without this pre-requisite]	
Course-based Stream	Thesis Stream
Electives (12 units) May include: MIDWIF 705 – <i>Independent Study</i> (3 units) MIDWIF 706 – <i>Leadership Placement</i> (3 units) MIDWIF 711 – <i>Point of Care Ultrasound in Maternity Care</i> (1.5 units) MIDWIF 712 – <i>Surgical Assistant in Obstetrics: C-Section</i> (1.5 units) MIDWIF 713 – <i>Management of neonatal hyperbilirubinemia</i> (1.5 units) MIDWIF 714 – <i>Well-infant Care</i> (1.5 units) MIDWIF 715 – <i>Contraception Care</i> (1 unit) MIDWIF 716 – <i>Medication Abortion</i> (0.5 units) MIDWIF 717 – <i>Management of Early Pregnancy Loss</i> (0.5 units) MIDWIF 718 – <i>Gynecological Care in Midlife</i> (1.5 units) MIDWIF 719 – <i>Trauma-Informed Care</i> (3 units) MIDWIF 720 – <i>Community Centred Care</i> (3 units) MIDWIF 721 – <i>Mental Health, Substance Use, and Concurrent Disorders</i> (3 units) MIDWIF 722 – <i>Diabetes in Pregnancy</i> (1.5 units)	Electives (6 units) Will include: 3-unit research methods course (unless exempt based on previous course work) E.g., HRM 721, NUR 715, NUR 745, etc. May include: MIDWIF 705 – <i>Independent Study</i> (3 units) MIDWIF 706 – <i>Leadership Placement</i> (3 units) Electives selected from courses offered by other McMaster graduate programs in the Faculty of Health Sciences (see letters of support).

MIDWIF 723 – <i>Mental Health in Pregnancy and Postpartum</i> (3 units) MIDWIF 730 – <i>Advanced Midwifery Clinical Practicum I</i> (3 units) MIDWIF 731 – <i>Advanced Midwifery Clinical Practicum 2</i> (3 units) Electives selected from courses offered by other McMaster graduate programs in the Faculty of Health Sciences (see letters of support).	
Consolidation	Consolidation
MIDWIF 707: <i>Capstone portfolio</i>	MIDWIF 708: <i>Thesis</i>

Progression through the program

All incoming students will complete the first required residency course (MIDWIF 700) in the summer of their first year. This initial course will provide an opportunity for students to become oriented to the program, be introduced to the foundations of the curriculum, and get to know their peers and faculty members. The first term will also provide time for students to complete mandatory School of Graduate Studies Courses (SGS 101 / Academic Research Integrity and Ethics and SGS 201 / Accessibility for Ontarians with Disabilities Act - (AODA) Training, online Indigenous Health Modules, and, if necessary, Critical Appraisal of Research Modules.

Full-time sequence - In the fall of the first year, full-time students will complete two core courses (MIDWIF 701 and 702). In the winter term they will complete a third required course (MIDWIF 703) plus one elective. This will prepare students in the thesis stream to defend their thesis proposal in the summer term immediately following their first year. Students will also complete the second residency (MIDWIF 704) and one elective during the summer term at the beginning of their second year. Thesis students will then complete their thesis over the fall and winter terms, while course-based students will complete two additional electives and the capstone portfolio during this time.

Part-time sequence – Part-time students will typically spread the degree requirements out over three years such that they complete only one course per term, and will be required to be enrolled for a minimum of nine terms. For part-time students, all required courses other than the second residency will be completed by the fall of the second year, laying the basis for the core content to inform the student's consolidation work in their capstone portfolio. Part-time students will complete their second residency (MIDWIF 704) in the summer term at the beginning of their final year.

Students who fail MIDWIF 701 in the fall term will be permitted to enroll in MIDWIF 703 in the winter term in order to avoid delays in progression through the program; however, they will be required to repeat and successfully complete MIDWIF 701 before they can complete MIDWIF 704.

Course descriptions

MIDWIF 700: Midwifery Leadership: Residency 1 - This course will provide students with an in-depth overview of the program and courses, including an introduction to the program faculty, the over-arching objectives of the program, and the structure and content of the courses. An orientation to library resources and online learning tools will be provided. Key concepts pertaining to advanced practice and leadership will be introduced, with a focus on leading self. Students will reflect upon their goals for the program and will set personal learning objectives. Sessions will be led by both faculty and invited guest speakers. This is a face-to-face course offered in an intensive summer course. Students will have the opportunity to engage with faculty and other students in both formal and social settings. (Five days, In

person, Mandatory; 1.5 units)
Prerequisites: Enrollment in the program

MIDWIF 701: Leadership in the Midwifery Profession - This course will provide address 4 key areas related to leadership: leading self, leading people, leading system transformation, and achieving results. Leading self will include a structured approach to identifying personal strengths and goal setting to develop leadership skills. Leading people will include fundamental management and communication skills (e.g., topics such as promoting equity, diversity, and inclusion; coaching; motivation; negotiation; conflict resolution; high-stake conversations; situational awareness; and developing coalitions). Leading system transformation will include an introduction to health systems and key organizations (e.g., hospitals, professional bodies, etc.), systems thinking, innovation and creating a vision, change management, and LEAN methodology. Achieving results will include key leadership skills & tools related to project management. (One term, Asynchronous Online, Required; 3 units)
Prerequisites: MIDWIF 700

MIDWIF 702: Social Justice and Inclusive Leadership - This course will address key concepts pertaining to social justice theory and provide a foundation for inclusive leadership. Theoretical concepts will include intersectionality, elements of critical theory (e.g., critical race theory, gender theory, queer theory, feminist theory, etc.), and traits of inclusive leadership. The course will also address the application of these skills in a health care leadership context through client and community engagement, needs assessment, and participatory action research. (One term, Asynchronous Online, Required; 3 units)
Prerequisites: MIDWIF 700

MIDWIF 703: Foundations of Research for Midwifery Leadership - This course will introduce theory and methods of research relevant to midwifery leaders. Theoretical concepts will include scientific paradigms and ways of knowing, hierarchies of evidence, and theoretical frameworks of relevance to midwifery. Methodological topics will include program logic models, outcome metrics, and evaluation methods. The major project for the course will involve developing an evaluation plan for a quality improvement project or developing a research proposal in the form of a grant application. (One term, Asynchronous Online, Required; 3 units)
Prerequisites: MIDWIF 700, MIDWIF 701

MIDWIF 704: Midwifery Leadership: Residency 2 - Students will complete this course after completion of all core course work, and prior to completion of their thesis or personal project. The course will provide an opportunity to consolidate key concepts related to advanced practice. Students reflect on their personal learning objectives for the degree and will set new leadership objectives for themselves. Sessions will be led by both faculty and invited guest speakers. Students will also present their progress to date on their thesis work or personal project in seminar format. This is a face-to-face course offered in an intensive summer course. Students will have the opportunity to engage with faculty and other students (including the first-year cohort) in both formal and social settings. (Five days, Synchronous online, Mandatory; 1.5 units)
Prerequisites: MIDWIF 700, MIDWIF 701, MIDWIF 702, MIDWIF 703

MIDWIF 705: Independent Study - This course is designed to allow the student to tailor his/her learning to specific topics in midwifery or health care relevant to his/her midwifery and research interests and to do advanced work in this area. The topic studied may be related to but will not overlap with the student's thesis topic. Under the guidance of a faculty member, the student will examine critically the pertinent literature. (One term, Elective; 3 units)
Prerequisites: MIDWIF 700, MIDWIF 701

MIDWIF 706: Leadership Placement - The placement will involve 96 hours of time in a midwifery-related organization (e.g., hospital or health care organization, professional association, regulatory body, government ministry, non-profit organization, etc.) and will be completed over one term (e.g., one 8-hour day per week for twelve weeks). The placement will be supervised by a person in a leadership position and the learning objectives will focus on the development of leadership skills. (One term, In person, Elective; 3 units)

Prerequisites: MIDWIF 700, MIDWIF 701, MIDWIF 702, MIDWIF 703

MIDWIF 707: Capstone portfolio – The capstone portfolio will include the final assignments from each of the core courses, a leadership vision statement, and a final report on a personal project that has been conducted based on one or more of the final assignments from the core courses (e.g., a quality improvement project conducted in the student's work setting).

Prerequisites: MIDWIF 700, MIDWIF 701, MIDWIF 702, MIDWIF 703, MIDWIF 704, + 12 additional units

MIDWIF 708: Thesis – The thesis will demonstrate integrative thinking and a strong understanding of the relevant literature. It will involve conducting and reporting original research that focuses on a midwifery topic that is selected by the student in consultation with their thesis Supervisor. The student will submit a formal written thesis proposal to their supervisory committee that outlines their plan prior to commencing research. The thesis proposal will normally be approved within twelve months of entry into the program for full-time students and within 18 months of entry for part-time students.

Prerequisites: MIDWIF 700, MIDWIF 701, MIDWIF 702, MIDWIF 703, MIDWIF 704, + 6 additional units

MIDWIF 711: Point of Care Ultrasound in Maternity Care – This elective course provides training in a Canadian context for entry-level skills for point of care ultrasound for primary maternity care. The course covers the anatomy and physiology of the normal gravid pelvis and will emphasize the sonographic technique, normal appearance, and ethical and professional responsibilities. Students will complete a final synthesis assignment that addresses an issue related to the integration of point of care ultrasound in clinical practice. (One term, online asynchronous modules and in-person workshop, Elective; 1.5 units)

MIDWIF 712: Surgical Assistant in Obstetrics: C-Section – This elective course provides training in a Canadian context for entry-level skills for the surgical assistant with a focus on obstetrics. The course covers understanding of OR processes and roles, relevant anatomy, instrument identification and use, operative procedures, complications, and pharmacology. Students will complete a final synthesis assignment that addresses an issue related to the integration of surgical assistance in clinical practice. (One term, online asynchronous modules and in-person workshop, Elective; 1.5 units)

MIDWIF 713: Management of neonatal hyperbilirubinemia – This elective course provides in-depth training for midwives providing care to newborn requiring phototherapy for the treatment of physiological jaundice. Topics will include physiology, identification, management, and treatment of hyperbilirubinemia. Students will complete a final synthesis assignment that addresses an issue related to the integration of the management of hyperbilirubinemia into midwifery practice. (One term, online asynchronous modules and in-person workshop, Elective; 1.5 units)

MIDWIF 714: Well-infant Care – This elective course provides training to support the provision of primary well infant care until 18 months of age. The course will focus on normal infant development and includes topics such as routine vaccinations, infant feeding and transition to solids, infant physical exams, normal developmental milestones, use of Rourke baby record for documentation, and the integration of well-infant care into midwifery practice. (One term, online asynchronous modules, Elective; 1.5 units)

MIDWIF 715: Contraception Care - This elective course provides essential skills and foundational information related to counselling for contraception, reproductive physiology, screening and treatment of sexually transmitted infections, and hormonal and non-hormonal methods of contraception including intrauterine contraceptive devices, medication abortion and sterilization. The course was designed by Midwives and Obstetricians to provide interprofessional perspectives. (One term, online asynchronous modules, Elective; 1 units)

MIDWIF 716: Medication Abortion – This elective course provides foundational information and essential skills related to the provision of care for the management of medication abortions. Topics include counseling, pharmacology, considerations for care, visit requirements, follow-up care, and the integration of medication abortion into midwifery practice. (One term, online asynchronous modules, Elective; 0.5 units)

MIDWIF 717: Management of Early Pregnancy Loss – This elective course provides foundational information and essential skills related to the provision of care for the management of early pregnancy loss. Topics include counseling, pharmacology, expectant, medication and surgical management options, considerations for care, follow up care, and service delivery models for early pregnancy loss care. (One term, online asynchronous modules, Elective; 0.5 units)

MIDWIF 718: Gynecological care in midlife – This elective course introduces foundational information in providing gynecological care during midlife. Topics include menopause counseling, pessary fitting, endometrial biopsy, and psychosocial dimensions of gynecological care. (One term, online asynchronous modules, Elective; 1.5 units)

MIDWIF 719: Trauma and violence-informed care – This elective course will examine the theoretical and research-based foundations of the concept of trauma and violence-informed care and will explore issues related to the integration of this approach in the provision of sexual and reproductive health care. (One term, online asynchronous modules, Elective; 3 units)

MIDWIF 720: Community-centred care – This elective course will examine the theoretical and research-based foundations of community-centred care. The course will build skills in community consultation and engagement. Students will acquire knowledge that will support them to develop health care programs and services that are responsive to community needs. (One term, online asynchronous modules, Elective; 3 units)

MIDWIF 721: Mental health, substance use, and concurrent disorders – This elective course will cover fundamental clinical and psychosocial knowledge about common mental health conditions, substance use, and concurrent disorders. The course will focus on building skills to support the provision of strengths-based care to individuals with mental health concerns, currently or with a history of substance use and/or other concurrent disorders within the context of sexual and reproductive health care. (One term, online asynchronous modules, Elective; 3 units)

MIDWIF 722: Diabetes in pregnancy – This elective course will provide midwives with foundational knowledge and skills for providing care to individuals experiencing diabetes in pregnancy within the context of interprofessional care teams. Topics include pathophysiology; pharmacological management of diabetes in pregnancy, labour, and the postpartum; dietary and exercise counselling; pregnancy testing and follow-up; and considerations for fetal and newborn health. (One term, online asynchronous modules, Elective; 1.5 units)

MIDWIF 723: Mental health in pregnancy and postpartum – This elective course provides midwives with foundational knowledge and skills to provide support to individuals with mental health concerns in pregnancy and the postpartum. Topics will include evidence-based approaches to the screening and management of anxiety and depression, brief interventions within the scope of primary care, facilitation of peer support groups, and services delivery models for the prevention and treatment of perinatal mental health concerns. (One term, online asynchronous modules, Elective; 3 units)

MIDWIF 730: Advanced Midwifery Clinical Practicum I - This placement will involve 96 hours of time in a clinical setting (e.g., one 8-hour day per week for twelve weeks, eight 12-hour days over two weeks, twelve 8-hour days over three weeks, etc.) and will be completed within one term. Placements will be customized to each student's program of study. (One term, In person, Elective; 3 units)

Prerequisites: MIDWIF 700, MIDWIF 701, and at least 6-units of clinical courses (e.g., MIDWIF 711, MIDWIF 712, MIDWIF 713, etc.)

MIDWIF 731: Advanced Midwifery Clinical Practicum 2 – This second clinical placement will involve 96 hours of time in a clinical setting (e.g., one 8-hour day per week for twelve weeks, eight 12-hour days over two weeks, twelve 8-hour days over three weeks, etc.) and will be completed within one term. Placements will be customized to each student's program of study. (One term, In person, Elective; 3 units)

Co/prerequisite: MIDWIF 730

3.3 GRADUATE PROGRAMS - PROGRAM LENGTH

McMaster SGS regulations require full-time master's degrees to be completed within three years and part-time master's degrees to be completed within five years. We are proposing that full-time students will complete the degree in six terms (two years) which allows additional time to still meet the three-year limit should delays be encountered. The part-time option will allow students to complete the degree in as few as three years (or maximum of five years as per SGS regulations), which will permit part-time students to have an average course load of one course per term, which should be manageable for students who wish to continue to work while completing the degree.

4 CURRICULUM AND TEACHING

4.1 PROGRAM CONTENT

The program content will be unique across Canada as the only graduate level degree in midwifery. Faculty who will teach in the program are leaders in their field and will be expected to remain current on emerging knowledge that is relevant to the area of study. The program will also draw on the participation of midwifery leaders who are external to the university through guest lectures, which will expose students to diverse perspectives and ensure a dynamic, high caliber learning experience. The program curriculum includes a focus on social justice to support equity, diversity, and inclusion, and will intentionally create an inclusive program culture. The curriculum will focus primarily on the Canadian context, but will incorporate global perspectives on issues as well, and will allow International students enrolled in the program to explore topics from a perspective that is relevant to their context.

4.2 PROGRAM INNOVATION

The program we propose will be the first of its kind in the country and unique internationally in its combined focus on leadership, social justice, and research within the context of midwifery. The degree will address a pressing need within the midwifery profession to develop leadership and research capacity, both in Canada and around the globe. McMaster University houses Canada's first and only midwifery research centre which will provide a unique and rich learning environment for trainees. The program will offer professional midwives an interdisciplinary curriculum that will foster leadership skills and support graduates to themselves be innovators who lead system transformation and ongoing quality improvement in health services. Program delivery will take advantage of asynchronous online formats that will support flexibility for adult learners and help ensure accessibility of the program to a diverse student body.

4.3 MODE(S) OF DELIVERY

The program will be delivered in an online learning format, complemented by one in-person residency period. This is similar to other robust master's programs at McMaster University, such as the master's of science in health science education. The two residency sessions (one in-person and one on-line) will be mandatory and will offer the benefit of face-to-face interaction and discussion with faculty, guest speakers and student colleagues. (See the descriptions for MIDWIF 700 and MIDWIF 704 for more information).

McMaster's course management system, Avenue to Learn (A2L), will be utilized as the learning management system for the program. A2L supports a number of pedagogical e-learning strategies, such as asynchronous discussion groups, pre-recorded lectures and student presentations, and the provision of written course materials. A2L has the flexibility to establish separate small discussion groups within a course shell, which is important given the intent for most of the courses to be conducted in a small group learning format.

To supplement A2L, the program will utilize videoconferencing platforms (e.g., Zoom or Teams) as a virtual learning environments (VLE) that will allow for synchronous discussion and live guest speakers (whose presentations can also be recorded for those unable to attend). The VLE can also function as a work environment for student collaboration and brainstorming.

This mode of delivering the program is intended to increase accessibility for midwives in clinical practice who might otherwise be unable to engage in post-graduate studies while working. In addition, the format will support the participation of midwives across Canada and in other countries. It is anticipated that the placement portions of the degree (which are electives) would be undertaken in the area of the student's residence, thus minimizing the need for travel during the program.

All midwifery faculty members at McMaster are well-versed in online education, as it is an integrated part of the undergraduate midwifery education program. All courses will be guided by underlying principles of accessibility in providing and presenting course materials (e.g., closed captioning of audio, availability of recordings, inclusion of an accessibility and accommodation statement in course syllabi).

4.4 EXPERIENTIAL LEARNING

The program will provide opportunities for experiential learning in two ways, which are each described in further detail below:

- 1) All students will have an option to complete a 3-unit leadership placement.
- 2) Students who take at least 6 units of elective courses that have a clinical focus will have the option to complete 3 to 6 units of clinical placement.

MIDWIF 706 – Midwifery Leadership Placement. This is an elective course worth three units. The placement will involve 96 hours of time in a midwifery-related organization (e.g., hospital or health care organization, professional association, regulatory body, government ministry, non-profit organization, etc.) and will be completed over one term (e.g., one 8-hour day per week for twelve weeks). The placement will be supervised by a person in a leadership position and the learning objectives will focus on the development of leadership skills. Placements will be customized to each student's program of study (i.e., will map on to their area of focus and their personal learning objectives). Placements will be arranged by the program but may be identified by the student. Pre-requisites: MIDWIF 700, MIDWIF 701, MIDWIF 702, MIDWIF 703.

MIDWIF 730 – Advanced Midwifery Clinical Practicum I. This is an elective course worth three units. The placement will involve 96 hours of time in a clinical setting (e.g., one 8-hour day per week for twelve weeks, eight 12-hour days over two weeks, twelve 8-hour days over three weeks, etc.) and will be completed within one term. Placements will be customized to each student's program of study (i.e., will map on to the didactic clinical content they have studied and to their personal learning objectives). Placements will be arranged by the program but may be identified by the student. Pre-requisites: MIDWIF 700, MIDWIF 701, and at least 3-units of clinical courses (e.g., MIDWIF 711, MIDWIF 712, MIDWIF 713, etc.).

MIDWIF 731 – Advanced Midwifery Clinical Practicum II. This is a second elective clinical placement course worth three units. The placement will involve 96 hours of time in a clinical setting (e.g., one 8-hour day per week for twelve weeks, eight 12-hour days over two weeks, twelve 8-hour days over three weeks, etc.) and will be completed within one term. Placements will be customized to each student's program of study (i.e., will map on to the didactic clinical content they have studied and to their personal learning objectives). Placements will be arranged by the program but may be identified by the student. Pre/co-requisite: MIDWIF 730.

Supply of placement opportunities. The McMaster Midwifery Education Program has a broad network of clinical placement sites that it uses for undergraduate midwifery students. We do not anticipate that the placements for master's level students will conflict with undergraduate student placements, as the placements will be for different purposes, but do anticipate that our established networks will facilitate us identifying placements. We have attached letters of support for both clinical placement opportunities and leadership placement opportunities (See Appendix A).

Accommodation. Placement courses are elective rather than required courses, so an inability to complete a placement will not preclude successful completion of the degree. Placements will be sought and evaluated based upon individual student learning objectives which will support individualized accommodation of student needs.

4.5 ACCESSIBILITY & INCLUSION

The proposed program prioritizes inclusion and accessibility in multiple ways:

Admissions – The program will offer facilitated admissions processes for Indigenous and Black applicants to reduce barriers to participation (described in more detail in Section 2.3) and to support compositional diversity in the student body.

Structure – The program will be offered in a primarily on-line format to allow the participation of individuals who live across the country and abroad. The ability to access the program in an on-line format will support people who might not be able to leave their home community for financial or social reasons to participate in graduate education that might not otherwise be available to them. The use of primarily asynchronous on-line formats will increase the flexibility for students to allocate their time in ways that can accommodate their needs and will require less bandwidth than virtual classroom delivery modes, ensuring access for those in settings where internet infrastructure is less reliable.

Curriculum – The program has a core course, Social Justice and Inclusive Leadership, that incorporates key theoretical content to build capacity in students to actively contribute to building a more inclusive society. The learning activities and assessments in the course will focus on the practical application of theory to lead change within health care to improve equity and inclusion. The work of Indigenous and racialized scholars will be infused in course content and the curriculum will provide experiences for students to explore multiple epistemologies and ways of knowing.

Inclusive teaching principles – In alignment with McMaster's commitment to inclusive teaching, the program will apply the five principles outlined in McMaster's Guide to Inclusive Teaching. Specific examples of this are:

- the program will have a BPOC (Black/Person of Colour) Advisor who will support students throughout the program,
- Indigenous students will have access to the BPOC Advisor as well to McMaster's Indigenous Student Services and the Faculty of Health Sciences' Indigenous Students Health Sciences Office and the new Indigenous Learning Lodge that the faculty is implementing,
- recognition that even with a flexible on-line structure, students might experience challenges such as technical issues and isolation, and incorporating multiple, varied and proactive ways to reach out and support students
- the program will set clear expectations for academic work while making room for the unexpected, e.g., our approach will build in grace days for deadlines,
- the program will ensure compositional diversity in the faculty members which will include faculty and instructors who identify as Indigenous or racialized, and
- the program will incorporate educational best practices for accessibility and will leverage the expertise within the MacPherson Institute as the curriculum is developed to ensure that universal design strategies inform content, delivery, assessments strategies, and use of technology.

Compliance with AODA - The proposed program will aim to maintain the highest standard of accessibility for its students and staff by complying with the objectives set-out by the *Accessibility for Ontarians with Disabilities Act (AODA)* and the *McMaster University Accessibility Plan 2011-2025*. Program staff and faculty involved in the provision of educational and non-educational services to members of the public will complete mandatory training provided by McMaster University regarding accessibility policies and practices.

4.6 RESEARCH REQUIREMENTS (IF APPLICABLE)

Students in the thesis stream of the program will complete a thesis which embodies the results of original research and mature scholarship, in accordance with the regulations of McMaster's School of Graduate Studies.

5 ASSESSMENT OF LEARNING

5.1 METHODS FOR ASSESSING STUDENTS

The diverse selection of core and elective courses, the leadership and clinical placements, and the thesis and capstone project options afford multiple means of assessing students in the program to ensure that they achieve the defined learning outcomes and meet expectations at the level of a master's degree. Performance in each of the curriculum elements will be assessed using a variety of course assessment tools, as well as work-place based assessments for those students doing practicum placements.

Objects of assessment in the mandatory and elective courses will include academic papers, oral presentations that will be submitted as videos, and asynchronous written dialogue discussions. Some of the clinical electives will also incorporate written quizzes and exams. There will be clearly delineated criteria and rubrics to indicate the required level of academic rigour for each type of course assignment. Students will be assessed on their ability to critically analyse and translate current knowledge and apply it to systems within midwifery. The topics for written and oral assignments within the core courses will align with the program learning outcomes. In the table below, examples are provided of the kinds of assignments that will be used to assess program learning outcomes that are very particular to the program (i.e., PLOs 2, 3, 4, and 6).

PROGRAM LEARNING OUTCOMES (PLOs)	Example of learning activities/assignments
PLO 2 - Apply theoretical knowledge to plan, implement, and lead change within health care settings to transform systems and achieve results	Develop a proposal for an evidence-based quality improvement initiative in a clinical setting.
PLO 3 - Apply concepts of social justice as a leader and to promote equitable sexual and reproductive health care that meets community needs	Develop a protocol for a community needs assessment. Develop a proposal for a health service innovation aimed at improving access to equitable sexual and reproductive health care.
PLO 4 - Advocate for and lead expansion of the role and contributions of midwives in health systems	Develop a proposal for a new midwifery service model or role.
PLO 6 - Apply knowledge to evaluate initiatives in a health care setting or conduct original research to advance scholarship within the field of midwifery	Develop an evaluation protocol for a quality improvement initiative or a service innovation.

In the thesis stream, both the thesis and thesis defense will be conducted in accordance with university requirements. The capstone portfolio will compile student progress and accomplishment throughout the program and will include an individual project, which will provide an opportunity for the student to demonstrate their ability to comprehend, synthesize, and apply concepts learned throughout the program.

5.2 CURRICULUM MAP

PROGRAM LEARNING OUTCOMES (PLOs)		PROGRAM REQUIREMENTS	
By the end of the program the student graduating with a Masters of Midwifery degree will be able to	Master's Degree Level Expectations (DLEs)	Teaching Activities & Learning Opportunities	Assessments and Evidence
	<i>For each PLO, identify which DLE(s) it aligns with below.</i>	<i>For each PLO, what teaching activities and learning opportunities are students exposed to that will help them to achieve that PLO?</i>	<i>For each PLO, what is specifically collected from the student as evidence that they can/have achieved the PLO before they graduate?</i>
1. Critically evaluate research methods and the validity of key assumptions and evidence	1. Depth and Breadth of Knowledge 2. Research and Scholarship 3. Application of Knowledge 5. Awareness of Limits of Knowledge	Foundations of Research for Midwifery Leadership Social Justice and Inclusive Leadership Thesis	<ul style="list-style-type: none"> Academic papers Asynchronous written dialogue submissions Oral presentations (submitted as videos) Thesis Thesis defense
2. Apply theoretical knowledge to plan, implement, and lead change within health care settings to transform systems and achieve results	1. Depth and Breadth of Knowledge 2. Research and Scholarship 3. Application of Knowledge 6. Autonomy and Professional Capacity	Residency 1 Leadership in the Midwifery Profession Social Justice and Inclusive Leadership Leadership Placement Capstone Portfolio Thesis	<ul style="list-style-type: none"> Academic papers Asynchronous written dialogue submissions Oral presentations (submitted as videos) Thesis Thesis defense Capstone Portfolio
3. Apply concepts of social justice as a leader and to promote equitable sexual and reproductive health care that meets community needs	1. Depth and Breadth of Knowledge 2. Research and Scholarship 3. Application of Knowledge 6. Autonomy and Professional Capacity	Social Justice and Inclusive Leadership Leadership Placement Capstone Portfolio Thesis	<ul style="list-style-type: none"> Academic papers Asynchronous written dialogue submissions Oral presentations (submitted as videos) Thesis Thesis defense Capstone Portfolio
4. Advocate for and lead expansion of the role and contributions of midwives in health systems	3. Application of Knowledge 4. Communication Skills 6. Autonomy and Professional Capacity	Residency 1 Leadership in the Midwifery Profession Social Justice and Inclusive Leadership Leadership Placement Residency 2 Capstone Portfolio	<ul style="list-style-type: none"> Academic papers Asynchronous written dialogue submissions Oral presentations (submitted as videos) Thesis Thesis defense Capstone Portfolio Clinical Evaluations

		Thesis	
5. Communicate effectively as a leader using both written and oral communication strategies	4. Communication Skills 6. Autonomy and Professional Capacity	Residency 1 Leadership in the Midwifery Profession Social Justice and Inclusive Leadership Foundations of Research for Midwifery Leadership Leadership Placement Residency 2 Capstone Portfolio Thesis	<ul style="list-style-type: none"> • Academic papers • Asynchronous written dialogue submissions • Oral presentations (submitted as videos) • Thesis • Thesis defense • Capstone Portfolio
6. Apply knowledge to evaluate initiatives in a health care setting or conduct original research to advance scholarship within the field of midwifery	1. Depth and Breadth of Knowledge 2. Research and Scholarship 3. Application of Knowledge 5. Awareness of Limits of Knowledge 6. Autonomy and Professional Capacity	Foundations of Research for Midwifery Leadership Capstone Portfolio Thesis	<ul style="list-style-type: none"> • Academic papers • Thesis • Thesis defense • Capstone Portfolio
7. Demonstrate critical analysis and expertise in a focused area of midwifery leadership (e.g., advanced practice, professional leadership, midwifery education, midwifery research)	1. Depth and Breadth of Knowledge 2. Research and Scholarship 3. Application of Knowledge 4. Communication Skills 5. Awareness of Limits of Knowledge 6. Autonomy and Professional Capacity	Independent study Electives Capstone Portfolio Thesis	<ul style="list-style-type: none"> • Academic papers • Thesis • Thesis defense • Capstone Portfolio

5.3 DEMONSTRATING STUDENT ACHIEVEMENT

The vision of this program is to enhance the growth of midwifery leadership within health systems through building both knowledge and skills in professional leadership. Graduates will also acquire expertise in a chosen area of focus which may include clinical leadership, midwifery education, research, or advanced clinical practice. The successful graduate of this unique master's degree will be someone who can lead change and promote innovation in midwifery, wherever they may work. The leadership and clinical placements will provide an opportunity for students to demonstrate the successful application of theory in practice. Providing the opportunities for placements during the program will afford assessment of the student's abilities in an authentic setting; it will also set the stage for the development of networks that students will use as they strive to move into positions of leadership upon graduation. In the final year of study, the thesis or individual project will provide an opportunity for students to bring together the content they have learned throughout the program and demonstrate successful application and synthesis. The capstone portfolio will provide a further opportunity for students in the course-based stream to produce a summative document to demonstrate achievement of all the program learning expectations.

6 RESOURCES

6.1 GRADUATE PROGRAMS

6.1.1 ADMINISTRATIVE, PHYSICAL AND FINANCIAL RESOURCES

Administrative Resources. We will require a Program Director (who is a faculty member) in a 0.2 FTE role. This role, along with a full time Administrative Assistant and a casual Program Support Assistant, will comprise the core staff of the Program. An Administrative Assistant at 1.0 FTE will provide dedicated administrative support for the Program and will work with faculty and students to plan and coordinate Program courses, events and activities. The casual Program Support Assistant at 0.35 FTE will provide ad hoc support to the Program. The Program will be led by the Program Director, who together with the support staff will oversee daily operations and ensure adherence to the aims and objectives and business plan. The program will be funded through tuition revenue.

Physical Resources. The program will be delivered primarily through online methods, which will limit the use of physical resources. The two residencies will be offered during the summer term, when the undergraduate midwifery program does not offer any in-person courses, so the in-person sessions for the residencies can be held in the classroom used by the Midwifery Education Program. We propose using existing space within the offices occupied by the Midwifery Education Program. This will include office space (for a total 151 square feet (or 14 square meters)) for the Program Director, the program manager, and one administrative assistant.

Financial Resources. The Program will be self-funded. Tuition income from domestic and international full-time and part-time students will be the sole source of revenue to the Program. Most of our expenses are related to human resources, which includes salary expenses for the Program Director, staff and teaching faculty. Central expenses are the next major driver for Program costs, which are determined centrally by the University given Program operational needs. Other Program direct expenses are minimal which includes costs for Program supplies, teaching equipment, telephone and travel.

6.1.2 LIBRARY, TECHNOLOGY, AND LABORATORY RESOURCES

The McMaster Health Sciences Library has an excellent collection of midwifery resources that currently supports the undergraduate midwifery education program. The demands of the proposed master's program would be minimal and, as confirmed through consultation with the head librarian, would not require additional staffing or acquisitions for the library. Existing library online resources would be leveraged to provide students with training in library skills. The program will be run using existing technology platforms at the university (e.g., Avenue to Learn, Zoom, Teams). The program will not use any laboratory resources.

6.1.3 FACULTY

The core faculty members either teach in McMaster's undergraduate midwifery program (n=7) or are members of the MMRC. Several of the core faculty members have growing research programs and experience supervising graduate students. Across the undergraduate midwifery faculty members and adjunct MMRC members we have nine people with doctoral level training who would be able to supervise students. This includes an Indigenous scholar, Dr. Karen Lawford, who will be available to supervise Indigenous midwives enrolled in the degree. Experienced supervisors will support the development of

supervisory skills in faculty members with less experience. Core faculty members will contribute to course development and will teach in the program. We will also bring in adjunct faculty members to support course development and teaching. Teaching and facilitating within each course will be team based, which will distribute the teaching load. Our budget includes resources to increase the use of sessional instructors in the undergraduate midwifery education program to shift faculty members' workloads to allow them to teach in the master's program.

6.1.4 STUDENT FINANCIAL SUPPORT

Financial support for students will come from multiple sources, including OSAP, university entrance scholarships, teaching assistantships in the undergraduate midwifery education program, research assistantships funded by faculty research grants, and external scholarships (e.g., CIHR, OGS). The MMRC has also been highly successful in obtaining graduate student research grants through the Association of Ontario Midwives. Additionally, the MMRC has a research fund which is available to support grants and scholarships. International students from the global south will be eligible for scholarships through Rotary International and through the Aga Khan Foundation.

6.1.5 FACULTY RESEARCH FUNDING

The Table shows the amount of funding that has been awarded to core faculty members who will be teaching in the program and indicates the funds available to support faculty research and potentially available to support students' work, either through the provision of stipends or materials for the conduct of the research.

Operating Research Funding by Source and Year				
	Source			
Year ¹	Granting Councils ²	Other Peer Adjudicated ³	Contracts⁴	Others ⁵
2020	\$1,095,342	\$34,000		
2019	\$249,368	\$228,313		\$145,249
2018		\$165,367		\$215,000
2017		\$49,473	\$150,000	\$240,000
2016	\$949,510			
2015		\$150,000		
2014	\$946,604			
Totals	\$3,240,824	\$627,153	\$150,000	\$600,249

^{1.} Years are shown as calendar years, according to the year the funds were initially awarded

^{2.} Source: CIHR

^{3.} Sources include: Association of Ontario Midwives Research Grants, MITACS, The Teresa Cascioli Charitable Foundation, Grand Challenges Canada

^{4.} Sources include: The Ontario Ministry of Health via Markham Stouffville Hospital

5. *University allocated grants (Sources include: Sunnybrook Research Institute, The McMaster Midwifery Research Fund, the Department of Obstetrics & Gynecology)*

6.1.6 SUPERVISION

Faculty Name & Category of Appointment	Home Unit ¹	Level of Privileges ²
Category 1		
Dr. Liz Darling	Obstetrics	Supervisor
Dr. Beth Murray-Davis	Obstetrics	Supervisor
Dr. Patricia McNiven	Family Medicine	Supervisor
Dr. Anne Malott	Family Medicine	Supervisor
Kate Demers	Obstetrics	Committee Member
Kathi Wilson	Obstetrics	Committee Member
Helen McDonald	Family Medicine	Committee Member
Category 2		
Dr. Karen Lawford	McMaster Midwifery Research Centre (MMRC)	Supervisor
Category 3		
Dr. Meredith Vanstone	Family Medicine	Supervisor
Dr. Stacey Ritz	Pathology and Molecular Medicine	Co-Supervisor
Category 4		
Dr. Cristina Mattison - Adjunct	Obstetrics/HEI	Supervisor
Category 6		
Dr. Elizabeth Cates	MMRC	Committee Member
Carol Cameron - Adjunct	Family Medicine	Committee Member
Abigail Corbin - Adjunct	Family Medicine	Committee Member
'Remi Ejiwumni - Adjunct	Family Medicine	Committee Member

^{1.} *This is the budget unit paying the salary: department, school, research centre or institute, or other.*

^{2.} *Indicate the level of supervisory privileges held by each faculty member: e.g., full, master's only, co-supervision only, etc.*

Category 1: tenured or tenure-track core faculty members whose graduate involvement is exclusively in the graduate program under review. For this purpose the master's and doctoral streams of a program are considered as a single program. Membership in the graduate program, not the home unit, is the defining issue.

Category 2: non-tenure-track core faculty members whose graduate involvement is exclusively in the graduate program under review.

Category 3: tenured or tenure-track core faculty members who are involved in teaching and/or supervision in other graduate program(s) in addition to being a core member of the graduate program under review.

Category 4: non-tenure track core faculty members who are involved in teaching and/or supervision in other graduate program(s) in addition to being a core member of the graduate program under review.

Category 5: other core faculty: this category may include emeritus professors with supervisory privileges and persons appointed from government laboratories or industry as adjunct professors. Please explain who would fall into this category at your institution.

Category 6: non-core faculty who participate in the teaching of graduate courses.

Note: Academic units can opt to include additional columns with demographic information about their faculty members, as appropriate.

Completed and Current Numbers of Thesis ¹ Supervisions by Faculty Member						
Member	Completed			Current		
	Master's	PhD	PDF	Master's	PhD	PDF
Dr. Beth Murray-Davis – Associate	4	-	-	1	-	-
Dr. Patricia McNiven – Associate	13	1	-	-	-	-
Dr. Anne Malott – Associate	1	-	-	-	-	-
Dr. Liz Darling – Associate	1	-	-	3	2	2

7 QUALITY AND OTHER INDICATORS

7.1 ACADEMIC QUALITY OF THE PROGRAM

The program leadership and faculty members will draw on the experience we have developed from offering an undergraduate midwifery education program to implement a comprehensive approach to measure and ensuring the academic quality of the program. We will use the following methods of formative assessment and feedback to facilitate reflexivity within the Program and to support ongoing refinement of the curriculum and its delivery:

- Program-wide student-faculty meetings each term to receive feedback and address questions
- Informal requests for student feedback during courses
- Anonymous student evaluations of courses and instructors at the end of courses
- In-program student satisfaction and experience surveys
- Alumni satisfaction and experience surveys
- Written and verbal feedback from instructors and preceptors teaching in the program

We will also make use of additional metrics to document the academic quality of the program:

- Number of scholarly presentations per student
- Number of scholarly publications per student
- Proportion of thesis students with at least one accepted thesis-related publication within one year of graduation
- Average time-to-completion for full-time students
- Average time-to-completion for part-time students

- Number of awards, grants, and scholarships (internal and external)
- Retention rate
- Employment in a leadership position within 24 months of graduation
- Number of full-time students receiving TA-ships and RA-ships

7.2 INTELLECTUAL QUALITY OF THE STUDENT EXPERIENCE

Faculty in the program have experience creating high quality experiences for midwives who are graduate students through work that has been done since the inception of the McMaster Midwifery Research Centre (MMRC). The MMRC offers a rich learning environment for graduate students, with opportunities for students to interact with faculty and research staff in research centre meetings and in smaller project team meetings. The centre also offers several research-focussed workshops each year to support the development of research skills. Informal mentorship from research staff and other students is readily available, and an online repository of resources supports students to develop key research skills such as completion of research ethics review board applications and the development of detailed research protocols. The MMRC also runs an annual research symposium and regular research rounds, which offer opportunities to showcase student research and for students to be exposed to high calibre research done by leading researchers in the field. Current areas of research strength at the MMRC will facilitate opportunities for students to participate in ongoing research projects whose goal coincides with those of the master's program – the development of new midwifery leadership capacity and broader access to midwifery care. Regular one-on-one meetings between students and their faculty supervisor will help support student success and maintain student engagement with the program.

Current faculty members who are available to provide mentorship and academic supervision have extensive experience in midwifery practice, research, and administration. The program will also recruit guest lecturers from diverse backgrounds to support compositional diversity and the inclusion of diverse perspectives and experience in the delivery of the curriculum.

The program will offer opportunities for customization to meet the unique needs of students. Elective courses will also students to focus on content that is of greatest relevance to their context and goals. Leadership and clinical placements will also allow students to pursue individual learning objectives, as will the option of an independent study elective.

TRACKING THE APPROVALS PROCESS FOR NEW GRADUATE PROGRAMS

PLEASE NOTE: This table must be appended to the New Program Proposal Document and updated as each step in the approvals process is completed.

STEP IN THE NEW PROGRAM APPROVALS PROCESS	NAME OF COMMITTEE/ INDIVIDUAL PROVIDING CONSULTATION	DATE OF DOCUMENT APPROVAL
Preparation of the Resource Implications & Financial Viability Template (Budget)	Linda Coslovi, Associate Vice-President, Finance & Planning (Academic)	March 1, 2021
University Students Fees Committee Approval of Budget	Fees Committee	March 5, 2021
Departmental & Faculty Approvals of Proposal	Graduate Policy and Curriculum Council	February 17, 2021
	Faculty of Health Sciences Executive Committee	March 24, 2021

Please note that approvals from the following internal committees is also required before the New Program Proposal can be sent to Quality Council & MTCU: *Graduate Council, University Planning Committee and Senate.*

Appendix A
Letters of Support
Master's of Science (Midwifery) Proposal

Faculty of Health Sciences:

- Nursing
- Health Research Methodology
- Health Science Education
- Public Health
- Rehabilitation Sciences

Midwifery Organizations:

- Canadian Association of Midwives
- Canadian Midwifery Regulator's Council
- Association of Ontario Midwives
- College of Midwives of Ontario

Other:

- Dr. Jon Barrett – Incoming Chair of Department of Obstetrics & Gynecology
- Dr. Laura Gaudet
- MATCH
- Oracle Community Care and Outreach
- Crown Point
- NorWest Community Health Centre
- Stephanie Crouch, RM
- Ottawa Birth and Wellness Centre
- Halton Healthcare
- Collingwood General & Marine Hospital
- London Health Sciences Centre

January 25, 2021

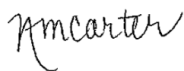
Dr. Liz Darling
Assistant Dean, Midwifery
HSC-4H24
McMaster University

Dear Liz,

As the Assistant Dean of Graduate Nursing Programs, it is my pleasure to offer you a letter of support for your proposed Master of Midwifery Program.

As we have discussed, the School of Nursing offers several graduate level courses that may be of interest to your students, including: NUR 715 (Quantitative Research Methods), NUR 712 (Evidence Based Health Care), NUR 745 (Qualitative Research Methods), NUR 770 (Mixed Methods), and NUR 700 (Philosophy). In addition to this, there are several cross listed courses RS/NUR 725 (Knowledge Translation) and RS/NUR 758 (Qualitative Data Analysis) which may be of interest to students. We would welcome students in the Masters of Midwifery degree to enroll in these courses with the understanding that your program may need to provide teaching support should we be unable to accommodate them with our existing resources. We also welcome the offer for students in our programs to potentially take electives offered by your program.

Yours sincerely,



Nancy Carter, RN, PhD
Assistant Dean, Associate Professor
Graduate Nursing Program, School of Nursing
Faculty of Health Sciences



**Department of Health Research Methods, Evidence and Impact
Faculty of Health Sciences**

1280 Main St West, Building #43, Room 207
Hamilton, ON, L8S 4K1

January 22, 2021

Dr. Liz Darling
Assistant Dean, Midwifery
HSC-4H24
McMaster University

Dear Liz,

On behalf of the Health Research Methodology Program, I am happy to provide this letter of support for your proposed Master of Midwifery Program.

Subject to availability, students in your program will be able to take HRM courses as electives providing that they meet the prerequisites and have permission of the instructor. We also welcome the offer for students in our program to potentially take electives offered by your program.

Yours sincerely,

A handwritten signature in black ink that reads "Mitchell Levine".

Mitchell Levine, MD, MSc, FRCPC, FACP, FISPE
Assistant Dean
Health Research Methodology Program
Faculty of Health Sciences

January 15, 2021

Dr. Liz Darling
Assistant Dean, Midwifery
HSC-4H24
McMaster University

Dear Liz,

On behalf of the Health Science Education Program, I am happy to offer you a letter of support for your proposed Master of Midwifery Program.

The HSED program offers courses that your students may be interested in taking as electives, and our program is happy to welcome students in the Master of Midwifery Program to enroll in these courses; subject to availability. As you and I have discussed, we may need to ask that your faculty members provide teaching support if limited resources would otherwise prevent us from enrolling Master of Midwifery students in HSED courses. We also welcome the offer for students in our programs to potentially take electives offered by your program.

Yours sincerely,



Lawrence Grierson, PhD
Assistant Dean | Health Sciences Education Graduate Program
Scientist | McMaster FHS Program in Education Research, Innovation & Theory (MERIT)
Associate Professor | Department of Family Medicine

January 18, 2021

Dr. Liz Darling
Assistant Dean, Midwifery
HSC-4H24
McMaster University

Dear Liz,

As the Director of McMaster's Master of Public Health (MPH) Program, I offer this letter to indicate my support for your proposed Master of Midwifery Program.

Your proposed program will create opportunities for students in both the Public Health and the Midwifery programs to occasionally take elective courses in the other program, and we welcome this opportunity.

Yours sincerely,

Emma Apatu

Dr. Emma Apatu, DrPH, MPH
Director, Master of Public Health program
Associate Professor
Department of Health Research Methods Evidence and Impact
McMaster University
Email: apatue@mcmaster.ca



Dr. Liz Darling Assistant Dean,
Midwifery McMaster University

January 19, 2021

Dear Liz,

The Canadian Association of Midwives (CAM) is the national organization representing midwives and the profession of midwifery in Canada. The mission of CAM is to provide leadership and advocacy for midwifery throughout Canada as an autonomous body. Your proposal to provide a master's degree in midwifery will address a long overdue need in Canada and is a welcome addition to support the development of the profession nationally and internationally.

Around the world midwives are grossly underrepresented within positions of leadership. In Canada there is no Chief Midwifery Officer, there are no midwives in cabinet or legislature, no midwives holding leadership positions with Global Affairs or the Public Health Agency. Like our colleagues in nursing and other female dominated health professions, midwives who occupy leadership positions are unlikely to have any formal leadership training. Indeed, there are no graduate level midwifery programs available in Canada, and unlike our colleagues in medicine and nursing there are no funds or fellowships to develop midwifery leadership in Canada.

The International Confederation of Midwives has recently highlighted the need to develop midwifery leadership as a key strategic priority. The proposed curriculum offers an excellent approach to meet this need by developing midwives' knowledge and skills so that they can take on leadership roles across health systems. The interdisciplinary approach of integrating current scholarship pertaining to health care leadership and social justice within health care and how these bodies of knowledge can be applied within the midwifery profession is timely. The integration of social justice content reflects the deep need within our society to address issues of social inequity and to work towards ensuring health equity. Experiential learning opportunities like the leadership placement elective provided through the program will support students to be well prepared to apply what they learn in the work environment.

2330 Notre-Dame Ouest, Bureau 300, Montréal, Québec, H3J 1N4

Tel: 514-807-3668 Fax: 514-738-0370 Email: admin@canadianmidwives.org

www.canadianmidwives.org



We are happy to offer CAM's strong support for the development of this program and we welcome students enrolled in this program to participate in leadership placements within our organization.

Sincerely,

A handwritten signature in black ink that reads "Alix Bacon". The signature is fluid and cursive, with the first name "Alix" and the last name "Bacon" clearly distinguishable.

Alix Bacon, RM

President / Présidente

Canadian Association of Midwives / Association Canadienne des sages-femmes

2330 Notre-Dame Ouest, Bureau 300, Montréal, Québec, H3J 1N4

Tel: 514-807-3668 Fax: 514-738-0370 Email: admin@canadianmidwives.org

www.canadianmidwives.org

February 4, 2021

Dr. Liz Darling
Assistant Dean, Midwifery
HSC-4H24
McMaster University

Dear Liz,

As the Vice-Dean, School of Rehabilitation Science, I am happy to provide you with a letter of support for your proposed Master of Midwifery Program.

The School of Rehabilitation Science welcomes the opportunity to collaborate with Midwifery to enhance each other's course offerings. We appreciate your offer for students in our programs to potentially take electives offered by your program. We have several online courses that may be of interest to your students, including REHAB 744 (Quantitative Research Methods), HM 732 (Strategic Writing), and HM 734 (Quality and Safety in Healthcare). We would welcome students in the master's of midwifery degree to enroll in these courses, with the understanding that your program may need to provide teaching support should we be unable to accommodate them with our existing resources.

Yours sincerely,



Dr. Dina Brooks, PhD, MSc, BSc (PT)
Vice-Dean (Faculty of Health Sciences) and
Executive Director, School of Rehabilitation Science
McMaster University



Canadian Midwifery Regulators Council
21 St. Clair Avenue East, suite 303
Toronto, ON M4T 1L9

January 21, 2021

Dr. Liz Darling,
Assistant Dean, Midwifery
McMaster University

Dear Dr. Darling,

The Canadian Midwifery Regulators Council (CMRC) is a network of provincial and territorial regulatory authorities. Collectively, we regulate the profession of midwifery, setting and maintaining high standards of practice, and ensuring regulatory harmony across the country. I am writing this letter to express our organization's support for McMaster University's proposal to develop a master's degree in midwifery and our willingness to explore leadership placements for students enrolled in the program.

Our organization strives to provide strong leadership and excellence in midwifery regulation, education and practice. To achieve this, we need midwife professionals who not only have advanced skills in the clinical domain, but also leadership and research skills. A Canadian master's of midwifery degree would more thoroughly prepare midwives in these areas and would help to create new opportunities for midwives in Canada to assume roles that they frequently assume in other countries (such as hospital program managers and professional clinician educators).

We strongly believe that McMaster Midwifery is well positioned to offer the country's first master's degree in midwifery. We look forward to working with the program in this innovative and much needed initiative.

Sincerely,

Louise Aerts, CMRC Board Chair



January 20, 2021

Dr. Liz Darling
Assistant Dean, Midwifery
McMaster University

Letter of Support

Dear Liz Darling,

On behalf of the Association of Ontario Midwives (AOM), I am pleased to offer this letter of support for the proposed Master's of Science degree in Midwifery at McMaster University.

The Association of Ontario Midwives is dedicated to advancing the clinical and professional practice of Indigenous/Aboriginal and registered midwives in Ontario. Ontario midwives have a 25-year history of making important contributions to Ontarians by providing care that supports excellent clinical outcomes and high levels of client satisfaction. The proposed Master's program in Midwifery aligns with our vision of midwives leading reproductive, pregnancy, birth & newborn care across Ontario and proactively addresses a pressing societal need in Canada for midwives to play an increased role in leadership within health systems. We strongly believe this program will support for high quality and responsive services provided by midwives which meet the needs of the population.

The AOM fully supports the implementation of this Master's program. We are also happy to offer leadership placement opportunities in our organization to students in the program. We look forward to this collaboration.

On behalf of the AOM, yours sincerely,

Juana Berinstein
A/Executive Director
Association of Ontario Midwives



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

Dr. Elizabeth Darling
Assistant Dean, Midwifery
McMaster University
Email: darlinek@mcmaster.ca
Tel: (905) 525-9140 ext. 21597

RE: Master of Science in Midwifery

January 19, 2021

Dear Dr. Darling,

On behalf of the College of Midwives of Ontario, I am writing to express my full support for the proposed Master of Science degree in Midwifery at McMaster University. The College of Midwives is the regulator of midwives in the province of Ontario. We regulate more than 1000 midwives in Ontario and our purpose is to protect the public and the public interest.

One of our guiding principles includes innovation. We are pleased to see that the Master of Science degree curriculum will offer opportunities for midwives who are taking on innovative roles to ensure that they have excellent training and consolidation of advanced skills to support doing so safely. Additionally, the program's focus on preparing midwives to lead health system innovation and ensuring ongoing quality improvement will support emerging midwifery leaders to ensure safe, high quality care for the public. We are also pleased to see that the curriculum addresses social justice and community engagement, which will support graduates to lead changes in the health system that support more equitable health care.

I truly believe that this program is a unique and valuable addition to the graduate level educational options available midwives. The College will also be happy to take on students for leadership placement opportunities within our organization.

Best regards,

Kelly Dobbin
Registrar-CEO
College of Midwives of Ontario
Tel: 416-640-2252 ext 226

Jon F. R. Barrett
Professor University of Toronto
Chief of Maternal Fetal Medicine, Sunnybrook Health Science Centre
Aubrey and Marla Dan Program 2075 Bayview Ave, M4 – 172 Toronto
M4N 3M5
Tel : 416 480 4920
Fax :416 480 4933

February 3, 2021

Dr. Liz Darling
Assistant Dean, Midwifery
McMaster University

Dear Liz,

As the incoming chair of McMaster's Department of Obstetrics and Gynecology, I am delighted to provide you with a letter of support for your midwifery master's degree proposal. My vision for the department is to strengthen our research focus, and to do so I hope to be able to build on the department's existing research strengths which include the McMaster Midwifery Research Centre.

Introducing the first master's degree in midwifery in the country will support McMaster to play a leadership role nationally and internationally in midwifery research. The midwifery master's program will build research capacity and will contribute to McMaster's Obstetrics and Gynecology Department developing a rich program of inter-professional research in sexual and reproductive health.

Yours sincerely,

Jon Barrett





Laura M. Gaudet
MD, MSc, FRCSC
Associate Professor
DEPARTMENT OF
OBSTETRICS AND GYNAECOLOGY

Division Head
MATERNAL FETAL MEDICINE
Kingston General Hospital
76 Stuart Street
Kingston, ON, Canada K7L 2V7
Tel 613 548-6072
Fax 613 548-1330
laura.gaudet@kingstonhsc.ca

January 20, 2021

Dear Dr. Darling,

As the co-founder for ORACLE, I am very pleased to provide this letter in support of providing clinical placement opportunities for students in the Midwifery Master's Program at McMaster University. ORACLE is a collaborative care program, with care of medically and socially complex clients shared between the midwifery team and the maternal-fetal medicine team at The Ottawa Hospital. Care is delivered within an outreach model, and work is done collaboratively with many community organizations including outreach nursing, mental health and addiction services, community health centres, and child protection.

Within the ORACLE collaboration, work is quite different from conventional midwifery, but provides exposure to the various layers of healthcare and social needs and complexities that are experienced by some birthing people. The program will offer students the opportunity to participate in caring for people with complex needs, which will dovetail nicely with the core social justice content and the advanced clinical elective content in your master's program curriculum.

The proposed master's program aligns well with the goals of the ORACLE model and has the potential to affect an impact at the person and system level. I believe this project will be a landmark model for advanced education in midwifery.

In 2019, I moved from Ottawa to Kingston, where I continue to see the same patient population. With involvement of local midwives and support of the Queen's Department of Obstetrics and Gynecology, I would be very happy to explore opportunities to provide clinical placements to students enrolled in this program. Please accept this letter as a strong endorsement for this initiative.

Respectfully submitted,

Yours truly,

Laura Gaudet, MSc, MD, FRCSC

Maternal Fetal Medicine Specialist, Kingston Health Sciences Centre
Associate Professor, Obstetrics and Gynaecology, Queen's University



January 19, 2021

Dear Liz,

The MATCH (Midwifery and Toronto Community Health) program offers a wide variety of services related to pregnancy, labour, and birth, as well as postpartum care for infants and adults, well-gynecological care and abortion services. Our team is made up of four midwives and a social worker. We work closely with an interdisciplinary team to provide a wide array of services including supports and services for individuals and families planning to welcome a baby. We are writing this letter to express our unequivocal support for the development of a master's degree in midwifery that will prepare midwives with advanced skills, much needed in the profession today.

We know that having midwives with advanced skills and integrating them into expanded clinical roles leads to excellent clinical outcomes, high levels of satisfaction for clients, improved access to care for underserved population and more appropriate care for populations who are marginalized. Our team specializes in caring for people who for a variety of reasons have experienced discrimination and limitations in accessing healthcare services appropriate to their needs. We are hopeful that the master's program that you are proposing will provide opportunities for midwives to acquire the education and skills that help them to better serve underserved populations and to push to improve health care more broadly.

We look forward to working with McMaster Midwifery as you move forward in offering Canada's first master's degree in midwifery. We are happy to provide clinical placement opportunities at MATCH to master's students enrolled in this Program.

Sincerely,

Shezeen Suleman RM
Midwife Co-Lead



South Riverdale Community
Health Centre - SRCHC
@SRiverdaleCHC
srchc.ca

MATCH Program
South Riverdale Community Health Centre
955 Queen Street East, Toronto, Ontario
Phone: (416) 461-2493 Fax: (416) 461-8245 match@srchc.com

ORACLE COLLABORATIVE CARE AND OUTREACH

2260 Walkley Road, unit #101 Ottawa Ontario K1G 6A8 t. (613)883-2566 f. (613)319-2565

Dear Dr. Darling,

As the co-founder for ORACLE, I am very pleased to provide this letter in support of providing clinical placement opportunities for students in the Midwifery Master's Program at McMaster University. ORACLE is a collaborative care program, with care of medically and socially complex clients shared between the midwifery team and the maternal-fetal medicine team at The Ottawa Hospital. We deliver care within an outreach model, and work collaboratively with many community organizations including outreach nursing, mental health and addiction services, community health centres, and child protection.

Our work is quite different from conventional midwifery, but provides exposure to the various layers of healthcare and social needs and complexities that are experienced by some birthing people. Our program will offer students the opportunity to participate in caring for people with complex needs, which will dovetail nicely with the core social justice content and the advanced clinical elective content in your master's program curriculum.

We are excited that the program will be graduating midwives with advanced clinical training in medically complex and marginalized clients.

The proposed master's program aligns well with our goals and has the potential to demonstrate an impact at the person and system level. I believe this project will be a landmark model for advanced education in midwifery and would be very happy to provide clinical placement opportunities to students enrolled in this program. Please accept this letter as a strong endorsement for this initiative.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Amy McGee', with a stylized flourish extending from the end.

Amy McGee RM MSW PhD

Crown Point

Family Health Centre

67 KENILWORTH AVE N, LOWER LEVEL
HAMILTON, ONTARIO L8H 4R6
TELEPHONE (905) 547-2302
FASCIMILE (905) 548-9722

DR. HAIDER SAEED
DR. MEGHAN DAVIS
DR. CHRISTINE ZRINCAK
DR. EMILY OW

January 19th, 2021

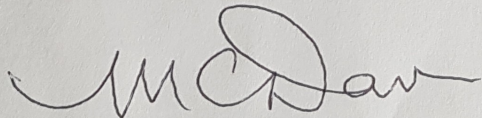
Dear Dr. Darling,

The Crown Point Family Health Centre is a patient centred family medicine team working together to build a healthier community in central Hamilton. Our centre strives to provide access to quality healthcare, and to support patient self-management through a caring, collaborative organization. We have a long history of collaboration with McMaster University, and since 2018 with the McMaster Midwifery Education Program. Our health team includes a well-integrated midwifery team that offers expanded midwifery services to our community. All our midwives hold adjunct or faculty appointments at McMaster University. I am writing this letter today to express our support for accommodating the students enrolled in the Midwifery Master's program for clinical placements at our centre.

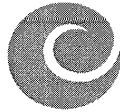
The midwifery scope of practice across Canada has expanded over time to include advanced skills (e.g., surgical assist, point of care ultrasound, intrauterine contraceptive device insertion, etc.) that are additional to the core competencies of the profession and not part of the skill set of all midwives. The Midwifery Master's Program will provide opportunities for education and training to help fill this gap. Furthermore, experiential education provided through this Program, in the form of a clinical or a leadership placement provides an excellent opportunity for students to apply knowledge and consolidate skills.

Our Centre is committed to providing clinical placement opportunities to students enrolled in this Program. We strongly support further development of this Program and look forward to its successful implementation.

Sincerely,



Meghan Davis B. Eng. MD FCFP
Associate Lead Physician, Hamilton Family Health Team
Assistant Clinical Professor, Department of Family Medicine, McMaster University



NorWest Community
Health Centres
Centres de santé
communautaire NorWest

NorWest CHCs
525 Simpson St
Thunder Bay, ON
P7C3J6

Dear Dr. Darling,

In our role as midwives at the NorWest Community Health Centres, we strongly endorse the launch of the first Canadian Master's degree in Midwifery. NorWest Community Health Centres understands that every client, family, pregnancy and baby is unique, that requires personalized care. We believe the Master's degree in Midwifery can help establish expertise and autonomy for midwives in practice that allow them lead innovation in our health system to create better patient-centred care.

Midwives are front line health care workers who are trusted in our community and have the unique opportunity to spend more time with our clients. We need more midwives with advanced skills training, in an enhanced capacity, to meet the challenges faced by our community. The proposed Master's degree in Midwifery paves the way for providing innovative and specialized care to midwifery clients by thoroughly preparing midwives through quality education and hands-on training in clinical and leadership domains.

We encourage the development of the Master's degree in Midwifery. We strongly believe this will enhance the roles of midwives in our community specifically, and across the province. We look forward to the possibility of having midwives enrolled in this Master's program participate in clinical placements with us. We sincerely hope that this Program receives the required funding and approval to move forward.

Yours sincerely,

Jenni Huntly

Jenni Huntly RM

Rebecca Hautala RM

Thunder Bay (Main Office)

525 Simpson Street
Thunder Bay, ON P7C 3J6
Tele: 807.622.8235

Longlac

99 rue Skinner Ave
C.P./P.O. Box 910
Tele: 807.876.2271

Armstrong

P.O. Box 104
Armstrong, ON P0T 1A0
Tele: 807.583.1145

Mobile Units

1-866-357-5454

Queensway Obstetrics and Gynecology

89 Queensway West, Suite 406
Mississauga, ON L5B 2V2
Phone: 905-268-9928 Fax: 1-888-972-4226

January 21, 2021

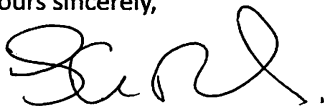
Dr. Liz Darling
Assistant Dean, Midwifery
McMaster University

Dear Liz,

As you know, I am a registered midwife who practices in Mississauga, Ontario. As part of my practice, I provide pessary care in collaboration with an obstetrician-urogynecologist. I am enthusiastic about the proposal that McMaster has developed for a master's degree for midwives and am very willing to contribute towards supporting the program by providing clinical placements to students in the program who are interested in gaining advanced clinical skills to fit vaginal pessaries for the treatment of pelvic organ prolapse.

My experience providing pessary care has shown me that midwives have much to offer in providing holistic, patient-centred sexual and reproductive health care, as well as essential well-woman care. A master's degree that supports midwives to gain advanced clinical skills and also build leadership abilities will help midwives to successfully expand the contributions that they are currently making to health care. I am happy to provide strong endorsement for the proposal.

Yours sincerely,



Stephanie Crouch



Ottawa Birth and
Wellness Centre
Centre de naissance et
de bien-être d'Ottawa

Ottawa Birth and Wellness Centre
2260 Walkley Road
Ottawa, ON
K1G 6A8

Dr. Liz Darling
Assistant Dean, Midwifery
McMaster University

January 25, 2021

Dear Liz,

The Ottawa Birth and Wellness Centre (OBWC) is a midwife-led, community-based Independent Healthcare Facility, located just south of downtown Ottawa. We offer birthing people a safe, comfortable, family-centered environment to welcome their baby into the world. Our centre also serves as a community base for information and support about pregnancy, labour and birth, infant feeding, and parenting.

We are very excited to hear about McMaster's proposal for a master's degree in midwifery and about the focus the proposed program will have on cultivating midwifery leaders. As a midwife-led organization, we appreciate the need for educational opportunities for midwives to develop their knowledge and skills to prepare them for leadership positions. As our birthing centre demonstrates, midwifery-led innovations have the potential to make strong, cost-effective and positive contributions to the health system. The proposed degree would support more midwives to take on leadership roles in communities across Ontario and expand the positive impact of midwifery care.

It is my pleasure to offer this letter of support for your proposal. The OBWC would also be happy to offer students enrolled in the midwifery master's program leadership placements at our Centre.

Sincerely,

Elyse Banham

Elyse Banham
Executive Director,
Ottawa Birth and Wellness Centre



Dr Liz Darling
Assistant Dean, Midwifery
McMaster University

19 January 2020

Dear Dr Darling

On behalf of Halton Healthcare, I am pleased to provide a letter of support for your proposal to create a Master's degree program in Midwifery.

As a community hospital corporation in Halton Region, Ontario, we are committed to providing exemplary patient experiences, always. More than 4,000 babies are delivered each year at our hospitals and we recognize the importance of our midwifery colleagues as part of the team providing care to mothers, their babies, and families.

Providing graduate education opportunities to midwives will serve them well in preparing them to take on leadership roles within the midwifery profession, and the broader healthcare system. Hospitals will benefit from midwives acquiring an advanced body of knowledge and skills. Most importantly, we believe that those living in the communities which we serve will be advantaged by the development of this program.

From a personal perspective, I previously trained and practiced in the United Kingdom, where midwives are much more central to maternity care. I think there is tremendous opportunity to advance midwifery in Canada, and establishment of a Master's program could help promote such advancement.

We would like to take this opportunity to thank you for your efforts, and we look forward to our ongoing collaboration.

Yours sincerely

A handwritten signature in black ink, appearing to read "D. Edgcumbe", written over a horizontal line.

Dr Daniel P Edgcumbe

Vice President, Medical Affairs



HALTON HEALTHCARE

3001 Hospital Gate
Oakville, ON L6M0L8



**Healthy Babies,
Happy Families**
The Well Baby Clinic



Dr. Liz Darling
Assistant Dean, Midwifery
McMaster University

Dear Dr. L Darling,

In my role as the clinic lead of Healthy Babies, Happy Families Well-Baby Outpatient Clinic, an expanded midwifery care model at the Collingwood General and Marine Hospital, I am very excited to learn about your proposal to create a master's degree for Canadian midwives. I value my own undergraduate and graduate education from McMaster University, and strongly believe that graduate level studies are important to prepare midwives to take on leadership roles in the health care system.

In collaboration with the Collingwood General and Marine Hospital, midwives have worked with other health professionals in our community to develop a unique, interdisciplinary model of midwifery-led care. This innovative model is designed to address gaps in our local health care system by improving access to care to meet the needs of birthing people and their babies, particularly in the postpartum period. Our program offers postpartum midwifery care to all patients, regardless of their MRP in pregnancy, and helps to ensure appropriate follow-up for newborns with hyperbilirubinemia and supports successful breastfeeding. We have achieved high levels of client satisfaction, as well as strong buy-in from other health professionals.

On behalf of the Healthy Babies, Happy Families Well-Baby Outpatient Clinic, I would be willing to provide placement opportunities to midwives enrolled in your program. In my role as clinic lead, I would be able to provide an experience that would support students to gain leadership skills, in addition to gaining experience working in a different service delivery model.

Midwives have a lot to offer the health care system. I'm strongly supportive of your proposal for a degree that will offer midwives an opportunity to gain skills that will catalyze new opportunities for them to contribute to create innovations to better serve birthing families.

Sincerely,

Natalie Kirby RM, MSc, IBCLC
Clinic Lead, Healthy Babies, Happy Families Well-Baby Outpatient Clinic

INCLUSIVE CARING ACCOUNTABLE RESPECTFUL EXCELLENCE ADAPTABLE TEAMWORK 

459 Hume Street, Collingwood, Ontario L9Y 1W9 (705) 445-2550 www.cgmh.on.ca



@CollingwoodHosp



CollingwoodGMHospital



Collingwood General and Marine Hospital



Office of the President and CEO
800 Commissioners Rd. E., PO Box 5010
London, Ontario, Canada N6A 5W9
www.lhsc.on.ca

February 4, 2021

Dr. Liz Darling
Assistant Dean, Midwifery
McMaster University

Dear Dr. Darling,

The London Health Sciences Centre (LHSC) is an acute care teaching hospital that serves as the referral centre for southwestern Ontario. LHSC is home to Children's Hospital and was the first Ontario hospital to establish a Department of Midwifery and appoint a Chief of Midwifery. Over the past year, with the support of the Children's Health Foundation, LHSC has established two additional hospital leadership roles within our midwifery department – Academic Lead and Research Lead. Midwives have much to offer our health care system with respect to ensuring high quality care for families, and we are excited about the benefits that our new midwifery leadership model will generate both for our health professionals and for the community we serve. The midwifery leadership model that we have introduced serves as an example to be adopted by other hospitals to enhance the contributions of midwives.

In rolling out our new leadership model, we have greatly appreciated McMaster Midwifery's support in developing the skills of LHSC's new midwifery leaders. I'm delighted to learn that you are proposing a new master's degree for midwives. The curriculum that you are proposing is ideal for nurturing new midwifery leaders who will be able to contribute positively to the health system both in hospitals and other settings.

I am very supportive of your proposal, and we would welcome the opportunity for students in the program to learn from our midwifery leaders through elective placements.

Yours sincerely,

A handwritten signature in black ink, appearing to read "JS Taylor", is written over a dark blue rectangular background.

Jackie Schleifer Taylor, PT, PhD, CHE
Interim President and Chief Executive Officer
London Health Sciences Centre



**EXTERNAL REVIEWERS'
REPORT ON PROPOSED
MIDWIFERY MASTERS DEGREE
PROGRAM**

16TH JULY 2021

**PROFESSOR MICHELLE BUTLER AND
PROFESSOR JAYNE MARSHALL**

TABLE OF CONTENTS

CONTACT INFORMATION.....	3
MEETING INFORMATION	4
REVIEWERS' REPORT	4
1. PROGRAM	4
2. ADMISSION & ENROLMENT	8
3. STRUCTURE	9
4. CURRICULUM AND TEACHING	10
5. ASSESSMENT OF LEARNING	12
6. RESOURCES TO MEET PROGRAM REQUIREMENTS	13
7. QUALITY AND OTHER INDICATORS	14
CONFIDENTIAL SECTION	15
EXECUTIVE SUMMARY.....	16

CONTACT INFORMATION

If you have any questions regarding the program's IQAP, inquiries can be directed to igap@mcmaster.ca.

UNDERGRADUATE PROGRAMS

Erin Aspenlieder
Associate Director, Program Enhancement and Development
lgoff@mcmaster.ca

Julianne Simpson
Quality Assurance Specialist
simpjul@mcmaster.ca

Kim Dej
Acting Vice-Provost, Faculty
avpfac@mcmaster.ca

GRADUATE PROGRAMS

Stephanie Baschiera
Associate Registrar & Graduate Secretary
baschie@mcmaster.ca

Christina Bryce
Assistant Graduate Secretary
cbryce@mcmaster.ca

Doug Welch
Vice-Provost and Dean of Graduate Studies
deangrad@mcmaster.ca

MEETING INFORMATION

It is required that all reviewers visit at the same time, normally for two days. As appropriate, the review team shall meet with the following:

- Chair or Director;
- Full-time faculty members (in groups);
- Part-time faculty members (in groups);
- Program students
- Associate Dean;
- Dean;
- Associate Vice-President (Faculty);
- Provost and Vice-President (Academic), if available;
- Additional meetings may be scheduled at the request of the external review team, Chair of the department or individuals.

REVIEWERS' REPORT

The review team will submit, to the Office of the Vice-Provost (Faculty), a joint report, including an Executive Summary, for the program(s) under review, normally within four weeks of the visit. The review team's report should address the substance of both the Program Proposal and the evaluation criteria set out in the Program Proposal. The intent of these reports is to be formative and constructive. The reports are intended to provide counsel rather than prescriptive courses of action. The Office of the Vice-Provost (Faculty) will circulate the report to the appropriate Chair(s) and Dean(s).

Based on information gained from the on-site review, the Program Proposal, consultation with members of the program and the University, independent assessments and all material submitted as part of the program review, the review team is expected to provide feedback on the following evaluation criteria and list any recommendations relevant to that section. However, the review team is not restricted to the following issues/questions.

1. PROGRAM

Comment on the consistency of the program with McMaster's mission and academic plan; whether the program learning outcomes are clear, appropriate and aligned with the undergraduate or graduate Degree Level Expectations.

McMaster's Current Priorities and Strategic Mandate Agreement should be at the forefront of program design. This information can be found in the links provided below:

- i. **McMaster's Strategic Mandate Agreement:**
http://www.mcmaster.ca/vpacademic/documents/SMA_2014_McMaster_Agreement.pdf
- ii. **McMaster's current priorities:**
http://www.mcmaster.ca/presidentsoffice/documents/Letter_Foward_with_Integrity_21Sep11.pdf

The **four priorities** outlined in the Forward with Integrity letter:

- a) The Student Experience
- b) Community Engagement
- c) Research
- d) Internationalization

Comments:

The program proposal (Section 1.3) clearly sets out its purpose building on McMaster's mission and academic plan, focusing specifically on a single health profession (midwifery). As detailed in the McMaster's Strategic Mandate Agreement, the program draws on scholarship from the fields of business and health management, social sciences, epidemiology, health sciences, health policy and builds on the midwifery body of knowledge. Its aim is to support the development of midwives' skills and competencies that are directly applicable to the roles that graduates assume, preparing them to apply new knowledge to lead innovation and contribute to improvements in the health care system that addresses pressing and emerging challenges. The program is to be facilitated within the Faculty of Health Sciences, building on the existing Midwifery Education Program and adding a new graduate level program to the Faculty's portfolio.

There is also detail of how the Master's degree in Midwifery aligns with McMaster University's current institutional priorities which include: *Innovation in teaching and learning excellence, Access and equity, Research excellence and impact and Innovation, economic development and community engagement.*

Section 1.4 clearly articulates the seven program learning outcomes that appear to align with the Master's degree level expectations, namely: *Depth and breadth of knowledge Research and scholarship, Application of knowledge, Communication Skills, Awareness of limits of knowledge and Autonomy and professional capacity.* These details are also apparent in the Curriculum Map (Section 5.2).

Student Experience

We met with a range of midwives, some graduates of the Midwifery Education Program (MEP) at McMaster and others had undertaken a masters program elsewhere in alternate disciplines or stand-alone module. They all spoke highly of the need for a masters program in midwifery and welcomed the option of studying part-time as this would enable midwives to continue practising in their various roles, but felt it would be more challenging to undertake full-time, particularly for

those with families. With the covid-19 pandemic influencing a move to asynchronous delivery of learning, the midwives recognized the value of remote learning in improving accessibility and flexibility. The midwives also stated that this program could be attractive to marginalized midwives, those working in remote areas and international midwives.

A few of the midwives stated that the proposed masters program would improve their research knowledge and skills as this was not fully appreciated when they undertook their undergraduate program. The McMaster Midwifery Research Centre (MMRC) was highly thought of in terms of research teaching and support by those who had been exposed to real-world research opportunities within the centre.

The proposal includes the recruitment of a full-time administrator for the program, with additional ad-hoc administrative support as required. The current administrative team have considerable experience in all aspects of student support and will be an important source of advice and onboarding support for the new staff to be recruited.

Community Engagement

This program is highly relevant to community engagement, supporting the development of midwifery leadership, which is identified as a strategic priority by the International Confederation of Midwives and is linked to the successful expansion of the profession and growth in the midwifery workforce. This is highly relevant to the development of midwifery practice and growth in the midwifery workforce in Ontario and Canada. This in turn is likely to benefit women and communities, supporting the expansion of midwifery care, and continuity of care for women and their families. The proposal presents national and international support for the need to extend midwifery practice to include family planning and other sexual and reproductive health services.

The proposal includes a range of courses that will enable midwives from a range of backgrounds to further develop their scope of practice. This will support them in serving the communities in which they practise, particularly in improving access to sexual and reproductive health care for marginalized women. The program includes courses on social justice, leadership and research with a strong emphasis on developing midwives' leadership and research knowledge and skills to strengthen service improvements in reducing inequalities in maternity and health care provision, uptake and outcomes.

A particular case is made for supporting indigenous and non-indigenous midwives to develop leadership skills that will enable them to make meaningful contributions to addressing societal inequalities in access to sexual and reproductive health care. The core research module also focuses on research knowledge and skills required for outcome assessment and program evaluation.

Research

It is proposed that all midwives on this program will undertake a core research course, but a pre-requisite is that they all should have completed an undergraduate research course. This should ensure that those studying the course-based program option also have a good foundation of

research knowledge and skills to evaluate the body of evidence to influence innovation in practice and service improvements, and to evaluate the outcomes of their practice. Those deciding to study the thesis-based option will be expected to undertake an additional research course and a study focusing on pertinent maternity / health care issues that should have some impact in improving midwifery practice and birth outcomes. The thesis-based pathway will enable students with a particular interest in research to develop additional research knowledge, skills and experience.

All practical research elements could be used to explore real problems or issues that would be of benefit to midwifery practices, employers and/or communities.

Currently, there are no units/credits assigned to the thesis or capstone. This means it is difficult to know how comparable the program is to other masters programs.

Internationalization

The program is likely to appeal to international students. There is a particular appeal from the Canadian model of midwifery where midwives fulfil the full scope midwifery practice. This could be a particular draw for international students. The program set up will enable students to participate from across Canada, North America and worldwide

The structure and flexible delivery of the program is likely to be attractive to international students as well as to midwives in the whole of Canada and America, however it is not entirely clear as to how these students would undertake the course-based program, should they choose this option.

Specific Recommendations (where applicable):

- To develop a marketing strategy for national and international midwives.
- To consider apportioning units to the Thesis and Capstone so the program can be compared to other masters programs.
- To determine the number of credits the program offers to align to professional / academic requirements within the international context.
- To clearly define the entry requirements / pre-requisites for international students to access the program, such as language and contextualizing any cultural differences
- To consider how international students would undertake the practicum courses: e.g. supervised in their own country / vicarious liability etc.
- To develop a strategy to mitigate for students who may be challenged in accessing online materials and tutorial support due to internet accessibility and connectivity in remote areas
- To make the most of the potential benefit of research elements to practice or community contexts, students should be advised to discuss priorities for research within their own practices and communities at the beginning of the program to allow time for further discussion with their tutors about their potential for the independent study course and the thesis.

2. ADMISSION & ENROLMENT

Comment on whether the admission requirements (including any alternative requirements) are appropriately aligned with the program learning outcomes (and/or Degree Level Expectations) established for completion of the program.

Comments:

The program aims to target Canadian and international registered midwives on either a course-based or thesis-based option.

The admission requirements seem appropriate in that they include:

- A 4-year undergraduate degree in midwifery or international equivalent from an accredited university.
- An average B+ (77% minimum that is equivalent to a McMaster 8.5 grade point average in the first two years of study and
- A minimum of two years of full-time clinical experience as a practising midwife (or equivalent).

The *Facilitated Indigenous Admissions Process* enables indigenous midwives who have completed an indigenous midwifery education program, but not a university degree to also apply to this program.

Some of the courses on offer in this masters program are already in the university's midwifery education portfolio as stand-alone courses. It was clarified that this would be assessed on an individual basis should midwives wish to be accredited for prior learning. This would be dependent on the midwife providing an additional piece of written work to demonstrate how they are applying what they have learned to their everyday midwifery practice.

Specific Recommendations (where applicable):

- To make explicit reference to the entry requirements for those experienced midwives (pre-legislation) who do not hold a degree and may wish to undertake a masters degree: e.g. bridging course and review of transcript with a sample of their professional writing.
- To develop a process to recognize prior learning for midwives who have undertaken some of the listed skills courses as stand-alone courses, including determining the currency of the course at the time of application (e.g. two / five years).
- To consider the comparability of how the program maps to international midwifery masters programs in terms of equivalence and transferability of credit ratings.
- To ensure support mechanisms are available to candidates coming through the facilitated admissions processes to address any gaps arising from the alternative pathway and to ensure that they have an equal chance of succeeding on the program.

3. STRUCTURE

Comment on how the program's structure and regulations meet the specified program learning outcomes.

Comments:

The structure outlined for program administration, governance and communication is appropriate, including the establishment of advisory, curriculum, admissions, and student affairs committees.

Access to the program learning outcomes were available for this review, but specific details of the course specifications and assessment strategy are still to be drafted. Progression through the two program options is clear and appears logical.

The program is set out against a clear framework for full-time and part-time students. Students can enter on one of two streams – thesis-based or course-based. In the needs assessment, 44% of participants were interested in the thesis-based stream and 56% in the course-based stream.

The program includes five required courses (MIDWIF 700, 701, 702, 703 and 704) totally 12 units and either 6 units of electives plus a thesis or 12 units plus a Capstone portfolio. Two of these courses MIDWIF 700- *Leadership in the midwifery profession* and MIDWIF 704 – *Midwifery Leadership*, are resident.

In addition to the initial residency course (MIDWIF 700) all students are required to complete the mandatory School of Graduate Studies Courses (SGS 101 – *Research Integrity and Ethics* and SGS 201 – *Accessibility for Ontarians and Disabilities Act [AODA] Training*, and online *Indigenous Health Modules*), in the first term. *Critical appraisal of research* modules are also available.

A range of courses are outlined, including independent study, leadership placements and two Advanced midwifery clinical practicum which are all allocated study units ranging from 0.5 to 3 units. It is not clear as to how units are apportioned. The substantial pieces of work: the *Capstone portfolio* (MIDWIF 707) and the *Thesis* (MIDWIF 708) however, appear not to have any study units assigned, which would not be comparable to European academic programs where academic credits are awarded.

Students on the course-based stream can select elective courses from a wide range of options based around advanced midwifery skills and advanced midwifery clinical practicum. Some courses are existing or new standalone courses offered within the department; some are courses offered by other schools in the Faculty of Health Sciences. It is not clear how challenging it may be for students to combine courses carrying different study units/credits and or scheduling the ones they wish to take each semester. The capstone course (MIDWIF 707) does not have any units assigned to it.

Students on the thesis stream must take one additional 3-credit research methods course and can also choose to take a leadership placement or independent study (both carrying 3 units/credits). The thesis course does not have any units assigned to it.

There is a full-time option taking two years to complete whereas the part-time option would take three years, with students undertaking one course per term. On discussion with Faculty staff, it was confirmed that students could transfer between the two program options, but transferring from the thesis to course option was considered would be easier to organize than from course to thesis option.

The midwives we met with were supportive of the practice placements being undertaken one day per week as this would suit their own working practices and commitments. There was mixed opinion regarding the week's residency at the university and suggested a hybrid model may be more appropriate for those with families or living in remote areas.

Specific Recommendations (where applicable):

- To consider defining exit awards should a student withdraw with sufficient units / credits that may constitute a *postgraduate certificate* or *postgraduate diploma* to be comparable with international midwifery masters programs (equivalence and transferability).
- Identify which elective modules are available to students in each semester
- To develop a flow chart diagram to demonstrate the possibility of a student transferring from one program option to the other, particularly the course to thesis option.
- To identify how units are apportioned to each specific course
- To consider assigning study units for the Capstone portfolio and Thesis.
- To consider the benefit to students of having the second residency on campus, in terms of having a significant period of dedicated time to focus on their work and to engage with Faculty and build networks with staff, other students/future leaders.

4. CURRICULUM AND TEACHING

Comment on how the curriculum reflects the current state of the discipline or area of study; evidence of significant innovation or creativity in the content and/or delivery of the program; the appropriateness and effectiveness of the modes of delivery at meeting program learning outcomes; and how teaching in the program prioritizes areas of accessibility and removes barriers to learning.

Comments:

This proposed masters program that builds on the undergraduate MEP will be the only one of its kind in Canada, focusing on leadership, social justice and research within the midwifery context. Its purpose is to address the increasing professional demand to develop leadership and research capacity in Canada as well as internationally. The program will be supported by McMaster University's Midwifery Research Centre (MMRC) that will provide a rich interdisciplinary learning environment for midwives, particularly in research leadership, system transformation and ongoing quality improvement in maternity and health services. The skills courses, some of which will be developed from existing stand-alone courses, will enable midwives to extend their own scope of practice while also advancing midwifery, sexual and reproductive health care as well as support those in independent practice. These additional skills were identified through a needs analysis in Fall 2020 and in the pilot projects conducted in the Province of the expanded model of midwifery

care. They have also been identified as appropriate for advanced midwifery practice and required to provide the full range of sexual and reproductive health care by the ICM and WHO.

The online delivery and format of the program will be flexible to increase the accessibility of midwives in clinical practice who might otherwise be unable to engage in postgraduate studies while working and those living across Canada or in other countries and will include synchronous and asynchronous online formats, two mandatory residencies (one in-person and one online) and practicums. Placement electives are expected to be undertaken in area of the midwife's residence in order to reduce the need to travel and the consequential expense during the program. However the details as to how this would apply to international midwives was not explicit and requires some consideration. Letters of support for both clinical placement, including leadership placement opportunities are included in the program proposal and some of these were reaffirmed by personnel we met with during the review. It is not clear from the proposal how skills courses will be taught and assessed – e.g., face-to-face, fully online, or a mix of both.

There is detail of the principles that will be used to deliver the program in accordance with *McMaster's Guide to Inclusive Teaching* which include:

- A Black/Person of Colour (BPOC) Advisor appointed to support students during the program
- McMaster's Indigenous Student Services, Faculty of Health Sciences Indigenous Students' Office and the new Indigenous Learning Lodge to specifically support indigenous midwives
- Recognizing the challenges students might experience: e.g. technical issues and isolation, and establishing multiple, varied and proactive ways to support students in overcoming them
- Compositional diversity in faculty members who identify as indigenous and racialized
- Educational best practices for accessibility
- Compliance with the *Accessibility for Ontarians with Disabilities Act (AODA)* and the *McMaster University Accessibility Plan 2011-2025*
- Program staff and faculty will complete mandatory training provided by McMaster University regarding accessibility policies and practices

The proposal highlights that program is focused around leadership and this is clearly the case. The program begins with a residency which introduces students to key concepts on advanced practice and leadership, including leading self. This is followed by three courses which focus on different aspects of leadership for the midwifery profession and social justice and research for midwifery leadership. These are followed by a midwifery leadership residency. As these are core courses, they bring a primary focus on leadership throughout the program. Students in the course-based stream will then focus on advanced skills, and those in the thesis-based stream on a research thesis. Students begin the program by reflecting on their goals for the program and setting personal learning objectives. Students in the course-based stream will prepare a portfolio that includes a leadership vision statement and a final personal project based on one or more assignments conducted on the program. This should help to bring the focus back to leadership for students. However, it is not clear if the focus on leadership will continue for students in the thesis-based stream.

Specific Recommendations (where applicable):

- To clarify how skills courses will be delivered and assessed – e.g. fully online or mix of face-to-face and online.

- To consider how international midwives could undertake the practicum placements within their own country.
- Draw up a list of potential research modules that would be available to students on the program
- Ensure that the research course builds on, rather than repeats, basic concepts (e.g. ways of knowing). Consider including theoretical concepts relevant to innovation and evaluation in practice include implementation science, systematic and rapid reviews, guideline development.
- Consider including in the thesis guidance a requirement to link the thesis to leadership – e.g., set out the midwifery leadership context for the research in the background and/or literature review; refer to the implications for midwifery /midwifery leadership/ midwifery policy in the discussion section and /or conclusions.

5. ASSESSMENT OF LEARNING

Comment on the appropriateness and effectiveness of the proposed methods of assessment in demonstrating achievement of the program learning outcomes, as well as the extent to which the program(s) assess graduating student achievement of the program learning outcomes.

Comments:

There are seven learning outcomes within this program which have been mapped to the assessments spread across the two program options. The detail relating to assessment was limited within the documentation reviewed, but staff informed us that a range of methods would be used such as quizzes, examinations and presentations in addition to written course work. As far as assessing skill development in the practice settings, it was revealed that there would be a clinical portfolio to reflect the student's ability, providing evidence of competency in new skills so they can then undertake them in their own employing organization. The proposal notes that for some courses (MIDWIF711, 712, 713) students will complete a final synthesis assignment but it is not clear how students taking the remaining skills courses will be assessed.

The Master's assessment criteria was not available to assess comparability with our own university's standards.

Specific Recommendations (where applicable):

- To ensure the program learning outcomes are made explicit to each assessment
- To clarify how the skills courses will be assessed and that this correlates with the standard expected at masters level.
- To consult with stakeholders about the design of the Capstone Portfolio to ensure that assessment of competence and acquisition of advanced skills is compatible / recognized across all provinces in Canada and the international market.

6. RESOURCES TO MEET PROGRAM REQUIREMENTS

Comment on evidence that there are adequate human, physical and financial resources to sustain the quality of scholarship produced by undergraduate students.

Comments:

We were assured that there was sufficient investment for this new program: the first of its kind in Canada. With one of the three universities in the consortium in which McMaster sits, closing their midwifery program, investing in a master's program would seem highly appropriate at this time.

We gained an insight of the expertise from within the McMaster Midwifery Research Centre (MMRC) that would support the program. The faculty and adjunct faculty we actually met with were from a diversity of background and all appeared very committed to delivering this program and making it a success. Building faculty capacity in terms of academic and administrative support, on the current total of seven, will be key over the first few years of delivering the program. Although there will be faculty retiring in the next few years, there will also be others completing doctoral studies that will support the long term demands of the program. In addition, the midwives we met with stressed the value of the MMRC to support them in advancing their research knowledge and skills.

Prospective students felt it would be a challenge to undertake the program full-time and to self-finance for many midwives, particularly those who have families and live in remote areas and a distance away from the university. Some felt the course-based option would offer them more flexibility, but believed it may be more expensive as scholarships would only be available for the thesis option. Another issue raised was regarding the financing of any insurance to cover the practicums outside of their own area of practice which was not clear in the program proposal.

As a result of the Covid-19 pandemic, there has been a rapid move towards developing online courses which is an advantage for components of this program to be offered at a distance. Accessibility to the internet however, could be a challenge for midwives who live in remote areas and for international midwives.

Specific Recommendations (where applicable):

- To develop a strategy to recruit faculty that is representative of the diversity in population such as indigenous midwives.
- To develop a practical placement strategy for the leadership placement and two advanced midwifery clinical practicums, identifying the available capacity at any one time, the profile of the placement and the learning opportunities available to students.
- To consider equity of access regarding program fees for all modes of delivery: full time / part time and thesis option / course option.
- To clarify whether McMaster's insurance covers students on clinical placements.

7. QUALITY AND OTHER INDICATORS

Please provide commentary on the indicators the department will use over the first five years to document and to demonstrate the quality of the program.

Please comment on any evidence of how faculty members will ensure the intellectual quality of the student experience.

The indicators that the department could use over the first five years to document and demonstrate the quality of the program were clearly identified in Section 7.1 and appear appropriate. These include:

- Program-wide student-faculty meetings each term to receive feedback and address questions
- Informal requests for student feedback during courses
- Anonymous end of course student evaluations of courses and instructors
- In-program student satisfaction and experience surveys
- Alumni satisfaction and experience surveys
- Written and verbal feedback from instructors and preceptors teaching in the program

Additional metrics to document the academic quality of the program include:

- Number of scholarly presentations per student
- Number of scholarly publications per student
- Proportion of thesis students with at least one accepted thesis-related publication within one year of graduation
- Average time-to-completion for full-time students
- Average time-to-completion for part-time students

The evidence of how faculty members will ensure the intellectual quality of the student experience centers on the support provided by the MMRC through the expertise and experience of its staff. A variety of research focused opportunities will be available to the students on this program: research focused workshops, attendance at research / project meetings, informal mentorship from research staff and other students, an online repository of resources, support for developing research protocols and research ethics approval applications and annual research symposia for students to be exposed to high calibre research and showcase their own projects. The MMRC also offers students opportunities to participate in ongoing research projects that coincide with the aim of the master's program which is to develop leadership capacity and broader access to maternity care. Regular one-to-one meetings between students and their supervisor will help support student success and maintain student engagement with the program.

Existing faculty members are experienced in midwifery practice, research and administration to offer appropriate mentorship and academic supervision to students on this program. to support an all-inclusive curriculum, guest lecturers from a diversity of backgrounds will contribute to the program.

Elective courses within the program increase the customization to meet the needs of the individual student so they can focus on aspects that are more meaningful to their own context and development goals. Leadership and clinical placements including the option of an independent study elective, will enable students to fulfil their own learning objectives.

EXECUTIVE SUMMARY

Please provide an Executive Summary of the Reviewers' Report, which highlights the any recommendations being made to the program.

- To develop a marketing strategy for national and international midwives.
- To consider apportioning units to the Thesis and Capstone so the program can be compared to other masters programs.
- To determine the number of credits the program offers to align to professional / academic requirements within the international context.
- To clearly define the entry requirements / pre-requisites for international students to access the program, such as language and contextualizing any cultural differences.
- To consider how international students would undertake the practicum courses: e.g. supervised in their own country / vicarious liability etc.
- To develop a strategy to mitigate for students who may be challenged in accessing online materials and tutorial support due to internet accessibility and connectivity in remote areas.
- To make the most of the potential benefit of research elements to practice or community contexts, students should be advised to discuss priorities for research within their own practices and communities at the beginning of the program to allow time for further discussion with their tutors about their potential for the independent study course and the thesis.
- To make explicit reference to the entry requirements for those experienced midwives (pre-legislation) who do not hold a degree and may wish to undertake a masters degree: e.g. bridging course and review of transcript with a sample of their professional writing.
- To develop a process to recognize prior learning for midwives who have undertaken some of the listed skills courses as stand-alone courses, including determining the currency of the course at the time of application (e.g. two / five years).
- To consider the comparability of how the program maps to international midwifery masters programs in terms of equivalence and transferability of credit ratings.
- To ensure support mechanisms are available to candidates coming through the facilitated admissions processes to address any gaps arising from the alternative pathway and to ensure that they have an equal chance of succeeding on the program.
- To consider defining exit awards should a student withdraw with sufficient units / credits that may constitute a *postgraduate certificate* or *postgraduate diploma* to be comparable with international midwifery masters programs (equivalence and transferability).
- Identify which elective modules are available to students in each semester.

- To develop a flow chart diagram to demonstrate the possibility of a student transferring from one program option to the other, particularly the course to thesis option.
- To identify how units are apportioned to each specific course.
- To consider assigning study units for the Capstone portfolio and Thesis.
- To consider the benefit to students of having the second residency on campus, in terms of having a significant period of dedicated time to focus on their work and to engage with Faculty and build networks with staff, other students/future leaders.
- To clarify how skills courses will be delivered and assessed – e.g. fully online or mix of face-to-face and online.
- To consider how international midwives could undertake the practicum placements within their own country.
- Draw up a list of potential research modules that would be available to students on the program
- Ensure that the research course builds on, rather than repeats, basic concepts (e.g. ways of knowing). Consider including theoretical concepts relevant to innovation and evaluation in practice include implementation science, systematic and rapid reviews, guideline development.
- Consider including in the thesis guidance a requirement to link the thesis to leadership – e.g., set out the midwifery leadership context for the research in the background and/or literature review; refer to the implications for midwifery /midwifery leadership/ midwifery policy in the discussion section and /or conclusions.
- To ensure the program learning outcomes are made explicit to each assessment.
- To clarify how the skills courses will be assessed and that this correlates with the standard expected at masters level.
- To consult with stakeholders about the design of the Capstone Portfolio to ensure that assessment of competence and acquisition of advanced skills is compatible / recognized across all provinces in Canada and the international market.
- To develop a strategy to recruit faculty that is representative of the diversity in population such as indigenous midwives.
- To develop a practical placement strategy for the leadership placement and two advanced midwifery clinical practicums, identifying the available capacity at any one time, the profile of the placement and the learning opportunities available to students.
- To consider equity of access regarding program fees for all modes of delivery: full time / part time and thesis option / course option.

- To clarify whether McMaster's insurance covers students on clinical placements.

Category	Recommendation from reviewers	Response from program
Program	To develop a marketing strategy for national and	This will be done as part of the implementation work over the next year.
Program	To consider apportioning units to the Thesis and Capstone so the program can be compared to other masters programs.	It is not the norm at McMaster to assign units to these program components. We will consult with our International Office and will develop content that will be available on our website to describe the expectations for these activities to address the reviewers underlying concern re: ease of assessing international comparability of the program.
Program	To determine the number of credits the program offers to align to professional / academic requirements within	See comment above.
Program	To clearly define the entry requirements / pre-requisites for international students to access the	This will be done as part of the implementation work over the next year.
Program	To consider how international students would undertake the practicum courses: e.g. supervised in	This will be done as part of the implementation work over the next year.
Program	To develop a strategy to mitigate for students who may be challenged in accessing online materials and tutorial support due to internet accessibility and connectivity in remote areas	This will be done as part of the implementation work over the next year. We will use technologies that rely on the lowest bandwidth possible. Asynchronous delivery for most courses will also minimize acute challenges related to connectivity.
Program	elements to practice or community contexts, students should be advised to discuss priorities for research within their own practices and communities at the beginning of the program to allow time for further discussion with their tutors about their potential for	This is what we had envisioned for student's independent projects for the capstone portfolio. Students will be guided during the first residency to begin discussions to identify research priorities early to inform their projects. Planning for thesis topics will also begin early, but will primarily be determined based on the research program of the supervisor.
Admission & Enrolment	To make explicit reference to the entry requirements for those experienced midwives (pre-legislation) who do not hold a degree and may wish to undertake a	This will be done as part of the implementation work over the next year.
Admission & Enrolment	To develop a process to recognize prior learning for midwives who have undertaken some of the listed skills courses as stand-alone courses, including determining	This will be done as part of the implementation work over the next year.
Admission & Enrolment	To consider the comparability of how the program maps to international midwifery masters programs in	This will be done as part of the implementation work over the next year.
Admission & Enrolment	To ensure support mechanisms are available to candidates coming through the facilitated admissions processes to address any gaps arising from the	This will be done as part of the implementation work over the next year. We have experience with supports that we have created in our undergraduate program that we can build on to inform this.

Structure	To consider defining exit awards should a student withdraw with sufficient units / credits that may constitute a postgraduate certificate or postgraduate	This will be done as part of the implementation work over the next year.
Structure	Identify which elective modules are available to	This will be done as part of the implementation work over the next year.
Structure	To develop a flow chart diagram to demonstrate the possibility of a student transferring from one program	This will be done as part of the implementation work over the next year.
Structure	To identify how units are apportioned to each specific course	Units have been apportioned to the proposed courses based on the anticipated workload (approximate hours) associated with each course using McMaster norms. We will include an explanation of this in the information available to prospective and current students, as well as in the information that we develop and share to address the issue raised by the reviewers regarding international equivalency.
Structure	To consider assigning study units for the Capstone portfolio and Thesis.	As mentioned above, it is not the norm at McMaster to assign units to these program components. We will develop content that will be available on our website to describe the expectations for these activities to address the reviewers underlying concern re: ease of assessing international comparability of the program.
Structure	To consider the benefit to students of having the second residency on campus, in terms of having a significant period of dedicated time to focus on their	We will consider this suggestion, and will evaluate the approach that we select (gathering feedback from student and faculty) so that we can reflect on the approach we initially take and adjust if appropriate.
Curriculum & Teaching	To clarify how skills courses will be delivered and assessed – e.g. fully online or mix of face-to-face and online.	This varies by course. We will add more detailed description of each course to the materials that are publicly available on the program website as part of the implementation work over the next year.
Curriculum & Teaching	To consider how international midwives could undertake the practicum placements within their own	This will be done as part of the implementation work over the next year.
Curriculum & Teaching	Draw up a list of potential research modules that would be available to students on the program	This will be done as part of the implementation work over the next year.
Curriculum & Teaching	Ensure that the research course builds on, rather than repeats, basic concepts (e.g. ways of knowing). Consider including theoretical concepts relevant to innovation and evaluation in practice include	We will ensure that we follow this recommendation as we develop the full syllabi for the courses over the next year.

Curriculum & Teaching	Consider including in the thesis guidance a requirement to link the thesis to leadership – e.g., set out the midwifery leadership context for the research in the background and/or literature review; refer to the	We will implement this suggestion.
Assessment of Learning	To ensure the program learning outcomes are made explicit to each assessment	We will implement this suggestion when we prepare the course syllabi over the next year.
Assessment of Learning	To clarify how the skills courses will be assessed and that this correlates with the standard expected at masters level.	Each of the skills courses that already exist as a continuing education course will have an additional assignment added that ensures that students are engaging with content at a masters level. Details will be described in course syllabi that will be developed over the next year.
Assessment of Learning	To consult with stakeholders about the design of the Capstone Portfolio to ensure that assessment of competence and acquisition of advanced skills is	We will implement this suggestion.
Resources	To develop a strategy to recruit faculty that is representative of the diversity in population such as indigenous midwives.	The Midwifery Education Program has a strategy to recruit faculty that is representative of the diversity of the population that applies McMaster University's Human Resources ' <i>Recruiting for Diversity</i> ' approach (https://hr.mcmaster.ca/managers/hiring-recruitment/recruiting-for-diversity/). We will apply this in recruiting faculty who will teach in the master's program.
Resources	To develop a practical placement strategy for the leadership placement and two advanced midwifery clinical practicums, identifying the available capacity at	This will be done as part of the implementation work over the next year.
Resources	To consider equity of access regarding program fees for all modes of delivery: full time / part time and thesis option / course option.	We have set the fees so that the total cost for the degree will be the same for full time and part time students, and for both degree options. Part time students will be able to continue to work while completing the program, which will support accessibility. We plan to support students to access scholarship or bursary funding as much as possible. We are seeking approval of the degree to ensure that students can access student loans.
Resources	To clarify whether McMaster's insurance covers students on clinical placements.	As part of the implementation work over the next year, we will clarify the coverage available for student placements, and will investigate any limits to insurance coverage (e.g., out of province & out of country placements).

September 9, 2021

Dr. Douglas Welch
Vice-Provost and Dean of Graduate Studies
Gilmour Hall, 212, McMaster University
1280 Main St. West
Hamilton, ON L8S 4K1

Re: Midwifery MSc Program-Dean's letter

Dear Doug,

We thank Professors Michelle Butler and Jayne Marshall for their thoughtful review of our proposal for a new MSc program in Midwifery. Dr. Darling and her colleagues have clearly articulated the rationale for the program as response to the need for midwives in Canada and internationally to acquire competencies related to leadership in clinical practice, research, and knowledge mobilization. The program has the potential to advance the practice of midwifery by developing the leaders of its future and aligns closely with the priorities for the advancement of clinical research and evidence-based clinical practice. We believe that the program will be of great interest to some practicing midwives. We note how the program explicitly recognizes the need to serve midwives and their clients from indigenous and other marginalized communities and we see this as a key aspect of the rationale.

Professors Butler and Marshall have made many constructive suggestions where further development and clarity are required. We have reviewed Dr. Darling's response and we are confident that she will address these suggestions as the program details are finalized. Although it is to be expected that many important details are yet to be worked out, we wish to highlight some key uncertainties that need to be resolved to ensure the success of the program.

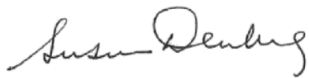
1. We believe that the success of the program may depend on robust *international enrolment* to ensure that the program can be sustained at a size that is viable and worthwhile. The review identifies some key questions about international students. For example, it is unclear how international placements will work. But more importantly, international marketing and recruitment is a demanding enterprise. It will be necessary to articulate the resources and strategies that will support it.
2. The review raises questions about the extent to which *fulltime registration* is realistic, and how this may limit the *practicability of the thesis stream*. We agree that a thesis stream is a desirable strategy to advance research and to support the career development of faculty in midwifery. A vibrant thesis stream is most likely when students can undertake fulltime study, supported by well-funded research programs. The current faculty complement in midwifery is small, and there is a lack of experienced

supervisors. We believe that there is good justification for a course-based program, with a thesis-based stream that ramps up over time.

3. The reviewers state that they “were assured that there was *sufficient investment* for this new program” and go on to note how important it will be to “build faculty capacity over the first few years” of the program. It is important to clarify the resource considerations for graduate programs in the Faculty of Health Sciences. It is expected that any new graduate program is financed from the revenues it generates. This can be challenging in the current planning environment in Ontario, where government funding for education is frozen. It is further challenging for a program that aims to serve a significant number of students from marginalized communities and if the potential for international enrollment with high tuitions is unclear. It is particularly important in this regard that such a program has a clear commitment from a home department with a diversified budget and a willingness to manage financial risk.

We will work with Dr. Darling and her colleagues to resolve these key questions over the next few months, and prior to any final decision to launch the program.

With regards,



Susan Denburg
Executive Vice-Dean and
Associate Vice-President, Academic
Faculty of Health Sciences



Steven Hanna
Vice-Dean and
Associate Dean of Graduate Studies
Faculty of Health Sciences

cc: Christina Bryce, Assistant Graduate Secretary
Stephanie Baschiera, Associate Registrar and Graduate Secretary
Dr. Liz Darling, Director/Assistant Dean, Midwifery Education Program

New Graduate Program or Existing Program Undergoing Major Changes (more than 30%)**Details of Resource Implications and Financial Viability****Faculty:** Health Sciences**Program Name:**

Master's of Science (Midwifery)

A. FINANCIAL SUSTAINABILITY OF PROGRAM*Complete New Graduate Program Budget template (appendix A1) which will populate table below:**In the case of Interdisciplinary programs, also append the Draft MOU between faculties. (Appendix A2)**In the case of Collaborative programs, also append the Draft MOU between institutions. (Appendix A3)*

REVENUE	2022/23	2023/24	2024/25	2025/26	2026/27
Program Generated Gross Graduate Revenue	\$220,600	\$529,605	\$841,762	\$924,588	\$974,240
Other Revenue (Specify)	\$0	\$0	\$0	\$0	\$0
Total Gross Revenue	\$220,600	\$529,605	\$841,762	\$924,588	\$974,240
University Fund / Research Infrastructure Contribution	-\$19,854	-\$47,664	-\$75,759	-\$83,213	-\$87,682
Total Support Unit Allocations (Indirect Costs)	-\$96,575	-\$182,755	-\$229,497	-\$249,412	-\$244,539
NET REVENUE	\$104,171	\$299,186	\$536,506	\$591,964	\$642,019
Total Teaching Costs	-\$116,273	-\$118,326	-\$120,461	-\$122,681	-\$124,991
Total Admin Salaries & Benefits	-\$82,530	-\$85,831	-\$89,264	-\$92,835	-\$96,548
Total Student Support (From operating)	\$0	\$0	\$0	-\$6,000	-\$6,000
Total Capital/Equipment Costs	-\$2,000	-\$2,000	-\$2,000	-\$2,000	-\$2,000
Total Other Direct Expenses - Supplies/Services/Travel etc	-\$29,400	-\$34,400	-\$34,400	-\$34,400	-\$34,400
Total Share of Faculty's Central Expenses	-\$41,914	-\$100,625	-\$159,935	-\$175,672	-\$185,106
PROGRAM EXPENSES	-\$272,117	-\$341,182	-\$406,060	-\$433,588	-\$449,045
IN-YEAR (Surplus/ Deficit)	-\$167,946	-\$41,996	\$130,446	\$158,375	\$192,974
Total Grad support per FT student (Scholarship, Taship) excluding RA	\$0	\$0	\$0	\$300	\$300

If the program is showing an ongoing going deficit please indicate whether it is truly incremental to the current faculty financial position. Provide a rationale for proceeding with ongoing negative returns.

B. NUMBER OF STUDENTS

	FT	PT	
Intended Steady-state annual intake	10	20	Year achieved: 2024
Intended Steady-state total enrolment	20	60	Year achieved: 2026
Number of International Students included in steady state	6	12	
Proposed number of additional students to University at steady state: (i.e. Are the program students additional (net new) or redistributed from other existing programs within the Faculty or in other Faculties.)			80
Will there be an impact to enrollments in Programs in other Faculties?	No		If yes, Please Describe:

C. FORMAT OF INSTRUCTION

	Fall	Winter	Summer (May-June)	Summer (July-August)	Annual program units?
During which terms will the program run?	X	X	X	X	30

Is there a co-op or internship as part of the program?

Yes	Describe:	
-----	-----------	--

What percentage of instruction will be online?

94%	What percentage of instruction will be off campus?	0%
-----	--	----

If either is greater than zero please provide information:

--

D1. PROPOSED TUITION FEE

reference: http://www.mcmaster.ca/bms/student/SAC_fees_grad.html

Is approval being sought for a Ministry-funded Program?

Yes	Do Standard Tuition rates apply ? (If No, specify fees below)	Yes
-----	---	-----

Proposed Tuition Fee:

	Domestic		International	
	Full Time	Part Time	Full Time	Part Time
Per Year :	\$ 12,000	\$ 8,000	\$ 24,000	\$ 16,000
Per Term (if applicable):	\$ 4,000	\$ 2,667	\$ 8,000	\$ 5,333
Per Course (if applicable):				

Rational for proposed fees (describe or append results of market assessment) and describe how they adhere to MTCU policy if seeking ministry funding :

--

D2. SUPPLEMENTARY FEES

reference: http://www.mcmaster.ca/bms/student/SAC_fees_grad.html

Will regular Mandatory Supplementary Fees apply?

Full Time	Yes	Part Time	Yes	Modified only	No
-----------	-----	-----------	-----	---------------	----

If no, please contact [Dean of Grad Studies](#) for guidance and provide resulting proposed applicable fees and rationale:

--

Are there other mandatory costs for students? (Coop/Internship fees, supplies, books, uniform, equipment, field trips, professional exam fees, etc?)

Yes	Describe & Approximate amounts:	
-----	---------------------------------	--

E. EXTERNAL RESOURCES: donations, special grants, research overhead, endowment funds, Space, etc.

Please provide information about any external funds or resources that will be available to the program.

	Onetime	Ongoing	Value \$	Details
eg. Access to lab space		x	\$ 1	CANMET - Longwood

F. FACULTY RESOURCES - Please append evidence of endorsement from other faculties affected if necessary.

If courses are also being taught in other faculties, please list

Faculty:

N/A

Faculty:

N/A

Faculty:

N/A

Incremental FTEs required:	Health Sciences	N/A	N/A	N/A	Comments
Faculty - Tenure Track					
Faculty - Sessional and CLAs					
Staff					
Teaching Assistants					
Additional Non-salary costs in other Faculties					

Increases in FT faculty are for modeling purposes only and does not imply approval to hire. Normal approval processes apply.

G. OTHER RESOURCE IMPLICATIONS:

Unless otherwise defined in the categories below, please use these descriptions to define impact:

- No Impact:** Can be dealt with as part of normal, daily operations. No budgetary or resource impact.
- Minor:** Can be dealt with in a mutually agreed timeframe using existing personnel. Resources pre-approved or readily available. No disruption to other approved work priorities.
- Major:** Must be scheduled as a project (not able to deal with as part of regular operations). Budget not approved or readily available; source of funding to be determined. May require external resources. May require reprioritization of previously approved tasks.

1. PHYSICAL FACILITIES - Please contact [Coordinator, Design and Space Management x23898](#) for assistance in determining additional resource costs if needed.

Please indicate the likely space resource implications of the proposal	Impact	New Sq Ft Required	Approx Existing Sq Ft required	Comments (include location and for new space, plans to fund and acquire space)	If major new central budget req'd, estimate \$	
Faculty space- Offices,Labs,seminar rooms, student space, etc	Minor	-	14.0			Facilities
Other space (excluding registrar controlled classrooms)	None					Facilities

2. TECHNOLOGY RESOURCES - Please contact [UTS Director, Technology x21888](#) for assistance in determining impact if needed.

Please indicate the likely impact on central technology resources for the proposal	Impact	Are additional resources required to support this program? If so, please list.	If Major, estimate \$	
UTS Computer Labs and Software	Major			UTS
Network/Internet/Cloud services access & usage	Minor			UTS
Audio-Visual / Telecommunications	None			UTS
Wireless Connectivity	None			UTS
Other (Please specify)	Minor			UTS

3. LIBRARY SERVICES - Please contact [Associate University Librarian, Collections x26557](#) for assistance in determining impact if needed.

Please indicate the likely Library resource implications of the proposal	Impact	Are additional resources required to support this program? If so, please list.	If Major, estimate \$	
Staffing (Add'l service desk staff, add'l librarians, new staff with skills/knowledge not currently present)	Minor			Libraries
Collections, One Time Purchases (books, ebooks, purchased online resources)	Minor			Libraries
Collections, Ongoing Subscriptions/licenses (print or online journals)	Minor			Libraries
Technology and Computing (new or add'l hardware/software, increased digital storage capacity)	Major			Libraries
Library Spaces (study space, new or specialized user or collection spaces)	Major			Libraries
Other (Please specify)	Major			Libraries

4. OFFICE OF THE UNIVERSITY REGISTRAR - Please contact the [Registrar](#) for assistance in determining impact if needed.

Please indicate the likely resource implications of the proposal	Impact (Select)	Support required	Area Responsible	If Major, estimate \$
--	-----------------	------------------	------------------	-----------------------

Admissions/Recruitment	Major	Requires specialized recruiting campaign or manual admission processes (eg target int'l students or direct entry programs)	SGS		SGS
Student Record Support (maintaining records, transcripts, grades, student card, etc)	Minor	Standard services for graduate program			Student Affairs
Class Scheduling Services	Major	Any collaborative program			Student Affairs
Classrooms	None	Scheduled into Faculty controlled classrooms or only summer term or off campus			Student Affairs

5. STUDENT SUPPORT - Please contact [Assistant Dean, Student Services](#) for assistance in determining impact if needed.

Please indicate any other possible resource impacts	Impact	Please Describe any impacts on the support areas		If Major, estimate \$	
Student Services - International Student support	Minor				Student Affairs
Student Services - Athletics & Rec, Health/Counseling, Career	Minor				Student Affairs
Residences	Minor				Ancillaries
Grad Scholarships/Bursaries*	Minor	\$ -	Avg. Annual Draw on Scholarship pool	\$ -	Grad Scholarships

*If you are anticipating OSAP funding for these students please contact SFAS to provide additional information to activate approval from MTCU

6. MIETL- Please contact [Educational Consultant](#) for assistance in determining impact if needed.

Please indicate any other possible resource impacts	Impact	Please Describe any impacts on the support areas		If Major, estimate \$	
Re/Development of blended or online courses	Major				MIETL
Learning Management System (Avenue to Learn)	Minor				MIETL
Training and development for TAs or faculty	Minor				MIETL
Research on teaching and learning initiatives	Minor				MIETL
Other (Please specify)	Minor				MIETL

7. OTHER

Please indicate any other possible resource impacts	Impact	Please Describe any impacts on the support areas		If Major, estimate \$	
Financial Services	None				Financial Affairs
Human Resources	Minor				HR
Advancement	Minor				UA
Research Services Office	None				Research Support
Other (Please specify)	None				

Please provide names below and check box to verify that approval has been obtained by each:

Department Chair/ Area Director _____


Faculty Dean or Director of Administration _____

Associate Vice-President , Finance & Planning (Academic) _____

Submitter _____

Check box

MEMO

TO: University Planning Committee
FROM: Dr. Karen Mossman, Vice-President, Research 
RE: Name Change for the McMaster Cancer Research Centre
DATE: October 12, 2021

I would like to inform the University Planning Committee of a name change for the McMaster Cancer Research Centre (MCRC) to the Centre for Discovery in Cancer Research (CDCR).

Dr. Shelia Singh, Director of the McMaster Cancer Research Centre would like the name to better reflect the specific vision of the centre and differentiate the centre other universities and cancer research centres. Through an informal survey of key stakeholders, it was determined that the new name Centre for Discovery in Cancer Research (CDCR) should also align with the building is which the centre is housed.

A letter from Dr. Singh is attached and can provide additional details about the request.
attach.

cc: Provost and Vice-President (Academic)
Dean and Vice-President, Faculty of Health Sciences
Vice-Provost and Dean of Graduate Studies
University Secretariat and Freedom of Information and Protection of Privacy Officer

Sheila K. Singh, MD, PhD, FRCSC, Professor of Pediatric Neurosurgery, Department of Surgery,
Tier 1 Canada Research Chair in Human Cancer Stem Cell Biology, McMaster University,
Hamilton, ON, Canada. T: 905 521 2100 x75237 F: 905 521 9992 Email: ssingh@mcmaster.ca



September 8, 2021

Dear Dr. Mossman,

I would like to respectfully request your approval for the official name of our new McMaster Cancer Research Centre. McMaster Cancer Research Centre is a generic title, meant to be a placeholder, for a centre with a specific vision to build multi-disciplinary, translational cancer research, wherein our basic science discoveries can be translated into improved diagnostics and therapeutics for patients with aggressive cancers of unmet need. As such, in an informal survey of key stakeholders at our university, I determined that the name of our centre should declare this specific vision and also differentiate us clearly from other universities and cancer research centres in Canada and across the world. Through careful research and polling, we determined that the naming opportunity that would best distinguish our centre as we build it and recruit new faculty is the “**Centre for Discovery in Cancer Research**” (CDCR). This name also aligns beautifully with the DeGroot family gifts, as the actual building in which the centre is housed is the MGD Centre for Learning and **Discovery**. We have consulted the governing board of the Centre and they are in agreement with the name change.

Thank you for your consideration of our desire to brand the centre thoughtfully and appropriately from its inception, and we look forward to your response.

Best regards,

Sheila

A handwritten signature in blue ink that reads "Sheila K. Singh".

Sheila K. Singh, MD PhD FRCS(C),
Pediatric Neurosurgeon, McMaster Children's Hospital,
Professor of Surgery, McMaster University,
Canada Research Chair in Human Cancer Stem Cell Biology,
Founding Director, McMaster Surgeon Scientist Program, and University Scholar,
MDCL 5027, Michael DeGroote Centre for Learning and Discovery,
1280 Main Street West, Hamilton, ON, L8S 4K1, Canada
P: 905 521 2100 x75237 F: 905 521 9992 Email: ssingh@mcmaster.ca
<http://sheilasinghlab.ca/> E-mail: ssingh@mcmaster.ca