ORIGINAL RESEARCH ARTICLE

Challenges and opportunities in competency-based midwifery education: Insights from Moroccan educators

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Abstract

This study explores midwifery educators' perceptions of implementing the competency-based approach (CBA) in Morocco's Higher Institutes of Nursing and Health Technical Professions (ISPITS), following national reforms to align training with international standards. Using a qualitative design based on semi-structured interviews with midwife's educators in the Marrakech-Safi region, the research highlights the transformative impact of CBA on pedagogical practices. Thematic analysis revealed five major themes: pedagogical transformation, holistic perspective, objectives and imperatives, competency development and assessment, and institutional and pedagogical constraints. Educators recognize CBA as enhancing student engagement, adaptability, and clinical judgment, yet face challenges including infrastructure gaps, workload, and language barriers. The study underscores the need for institutional support, formative assessments, faculty training, and the use of simulation and mentorship to bridge theory and practice. These findings contribute to optimizing CBA implementation and strengthening midwifery education to meet Morocco's healthcare needs. *(Afr J Reprod Health 2025; 29 [8]: 79-90).*

Keywords: Competency-Based Approach; Midwifery Education; Challenges; Opportunities Pedagogical Transformation, Morocco

Résumé

Cette étude explore la perception des enseignantes sages-femmes quant à la mise en œuvre de l'approche par compétences (APC) dans les Instituts Supérieurs des Professions Infirmières et Techniques de la Santé (ISPITS) du Maroc, suite aux réformes nationales visant à aligner la formation sur les normes internationales. S'appuyant sur une approche qualitative basée sur des entretiens semi-directifs avec des enseignantes sages-femmes de la région de Marrakech-Safi, cette recherche met en évidence l'impact transformateur de l'APC sur les pratiques pédagogiques. L'analyse thématique a révélé cinq thèmes majeurs : transformation pédagogique, perspective holistique, objectifs et impératifs, développement et évaluation des compétences, et contraintes institutionnelles et pédagogiques. Les enseignantes sages-femmes reconnaissent que l'APC améliore l'engagement, l'adaptabilité et le jugement clinique des étudiantes, mais se heurtent à des difficultés telles que le manque d'infrastructures, la charge de travail et les barrières linguistiques. L'étude souligne la nécessité d'un soutien institutionnel, d'évaluations formatives, de formation des enseignants et du recours à la simulation et au mentorat pour relier la théorie à la pratique. Ces résultats contribuent à optimiser la mise en œuvre de l'APC et à renforcer la formation des sages-femmes afin de répondre aux besoins de santé du Maroc.
. *(Afr J Reprod Health 2024; 29 [8]: 79-90).*

Mots-clés: : Approche par compétences ; Formation en maïeutique ; Défis ; Opportunités ; Transformation pédagogique ; Maroc

Introduction

Improving maternal, newborn, and child health remains one of the primary challenges in achieving the Sustainable Development Goals by 2030. The quality of care provided by midwives is a key factor in preventing maternal mortality and morbidity.[1] To address this issue, the World Health Organisation (WHO) and the International Confederation of Midwives (ICM) emphasise the need to align midwifery education with international standards.[2,3] This requires midwives not only to adapt to global health trends, such as epidemiological transitions, but also to meet national health priorities while ensuring access to comprehensive reproductive healthcare.[4]

In this context, Morocco has actively committed to developing its human capital in the healthcare sector by implementing reforms to enhance midwifery education. These reforms,

supported by the introduction of information and communication technologies (ICT), the strengthening of infrastructure, and the integration of diverse practical internships, aim to ensure the delivery of quality care and reduce maternal and infant mortality rates. Revising training programmes constitutes a critical pillar in achieving these objectives.[5]

Recognising the need to improve maternal and child health outcomes, the Ministry of Health has, since the 1980s, invested in midwifery education tailored to the evolving healthcare needs of the population and the shifting pedagogical paradigms. In 1994, a training programme based on an objective-based approach was introduced to prepare midwifery students enrolled in Health Careers Training Institutes (IFCS) through a three-year post-secondary curriculum.[5]

In line with international recommendations from organisations such as the International Confederation of Midwives (ICM) and the World Health Organization (WHO),[3,6] efforts continued with the introduction of a competency-based education (CBE) model in 2011, supported by UNFPA. However, the implementation of this approach encountered significant challenges, primarily due to inadequate preparation and support for educators in both the IFCS and later in the Higher Institutes of Nursing and Health Techniques (ISPITS).[5]

To address these barriers, a revised competency-based midwifery curriculum was developed in 2015 with continued support from UNFPA,[7] accompanied by strategic measures to facilitate its integration into training institutions.

Through this organisational framework, the midwifery curriculum was collaboratively revised by representatives of the ISPITS and midwifery educators, resulting in a structured and detailed programme. This curriculum, designed to meet both local and international standards, emphasises rigorous training and is accessible to holders of a scientific baccalaureate. Admission to the ISPITS is governed by a process that includes academic selection, a written examination, and an aptitude test, ensuring that only the most qualified candidates are admitted to the programme.

The midwifery training programme spans three years. Combining theoretical courses, practical work, guided tutorials, and internships, it prepares students to obtain a professional bachelor's degree. This qualification paves the way for a career as competent midwives in diverse settings, ranging from primary care facilities to hospitals and private practice, thereby addressing the growing needs in reproductive and child health.[6] To ensure that the training aligns with current professional requirements, the competency-based approach (CBA) has been integrated into the curriculum.[1] By emphasising the practical application of acquired knowledge, this pedagogical approach enables the development of essential skills for addressing complex problems, taking initiative, and achieving professional autonomy—key attributes for today's midwives.[7]

Furthermore, the CBA enhances learning by placing the learner at the centre of the educational process and prioritising the development of practical skills over the mere transmission of theoretical knowledge.[8] In this context, educators play a pivotal role in implementing this concept, which remains the cornerstone of the success of this methodology.[9]

To support this transition towards the competency-based approach (CBA), Kurt Lewin's change management model provides a relevant framework for understanding midwifery educators' perceptions regarding the introduction of this methodology [10] . The initial *unfreezing* phase involves recognising the need to shift from a knowledge-based pedagogy to one focused on developing practical skills.[11] This stage of awareness can be reinforced by identifying gaps in students' preparation for managing complex clinical situations. Next, during the *change* phase, educators adapt their teaching practices by incorporating tools and strategies specific to CBA while overcoming potential resistance.[12] Finally, the *refreezing* phase is achieved when this approach is fully integrated into educational practices, resulting in increased student engagement and a noticeable improvement in their clinical performance.[13]

Furthermore, Donald Schön's theory of reflective practice highlights the importance of reflection in guiding the adoption and optimisation of the competency-based approach (CBA). *Reflection-in-action* enables educators to adapt in real time to the

needs of students and the challenges encountered in clinical situations. For instance, they can adjust simulation scenarios to address identified gaps.[14] Conversely, *reflection-on-action* allows them to analyse their interventions retrospectively, identify areas for improvement, and refine their teaching strategies. These reflective practices promote continuous learning for both students and educators.[13]

Additionally, Lev Vygotsky's socioconstructivist framework provides complementary insights by emphasising the importance of social interactions and personalised support in skill development.[15] Educators act as guides by placing students within their zone of proximal development (ZPD), enabling them to master new skills with appropriate support before achieving full autonomy.[16] This approach includes fostering collaborative learning through activities such as group discussions and case studies. Moreover, specific and individualised feedback enhances learning outcomes and contributes to the co-construction of knowledge.[11]

Exploring educators' experiences with the competency-based approach (CBA) is a crucial step in optimising its implementation and maximising its benefits. Understanding how educators adopt this approach in their classrooms not only helps address learners' needs more effectively but also allows for adaptations to ensure the CBA's overall effectiveness.

In this context, a model centred on the perceptions of midwifery educators highlights four key dimensions (Figure 1), providing a comprehensive view of their experience with the competency-based approach (CBA):

1. Cognitive Dimension: Relates to educators' understanding, knowledge, and reflections on the CBA.
2. Practical Dimension: Focuses on the concrete actions and applications of the CBA in their teaching practices.
3. Professional Dimension: Pertains to the skills and professional responsibilities associated with their educational role.
4. Affective Dimension: Concerns the emotions, attitudes, and reactions towards the CBA. Finally, this study, conducted within the framework of a midwifery training programme in Morocco, aims to analyse the perceptions of midwifery educators by incorporating the four key dimensions. These dimensions provide a solid foundation for adapting training programmes to the specificities of the educational context and the needs of learners. Furthermore, the research contributes to promoting the successful adoption of the competency-based approach (CBA) by optimising its impact on learners while supporting the professional development of educators

Methods

Study design and participants

Study design

A phenomenological approach was adopted in this study to explore the perceptions, lived experiences, and feelings of midwifery educators within the context of student midwife training. The main objective was to understand how these professionals experience and interpret the implementation of the competency-based approach in their educational practice.

To this end, the study utilized a descriptive qualitative methodology based on semistructured interviews with[13] midwifery educators working across the three ISPITS institutions of Marrakech, Essaouira, and Safi. This qualitative approach enabled a deeper exploration of participants' perspectives by allowing for more detailed questioning and promoting reflective insights into their lived experiences. In line with the COREQ checklist, we sought to ensure transparency and methodological rigor in reporting our findings.

This approach guarantees the credibility and reliability of the results obtained, while also allowing for critical evaluation of our work by the scientific community.

Participants

The participants in this study were female midwifery educators employed at ISPITS institutions in Marrakech, Safi, and Essaouira. In Morocco, midwifery is an exclusively female profession, which explains the gender composition of the sample.

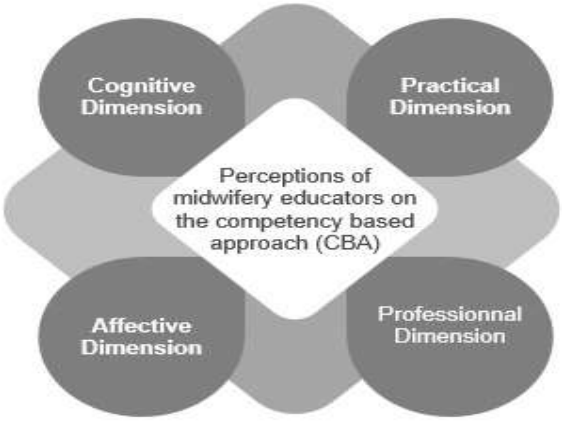

Figure 1: Conceptual framework

Participants were selected based on specific criteria, including professional and pedagogical experience, training in the competency-based approach (CBA), and active involvement in midwifery education. Temporary educators were excluded from the study.

The thirteen midwifery educators who teach midwifery at the three ISPITS in the region agreed to take part in an individual interview. Educators were contacted to arrange a time and place for an interview. The average age of the educators was 43.6 years, and their average teaching experience was 13.5 years. Table 1 presents the main characteristics of the educators.

Data collection

Thirteen educators were invited, and all agreed to participate in the interviews which were conducted between June 16 and July 16, 2023. The interviews were conducted face to face at different times according to the convenience and preferences of the interviewees, to ensure optimum comfort and confidentiality. A semi-structured interview guide (Table 2) was used during the thirteen interviews to examine the educators' experience of implementing the competency-based approach. The semi-structured interview guide included questions based on a literature review [17,18] and discussions with the supervising team of authors (experts in the medical, biological, epidemiological and educational fields). The interview guide included two themes: the concept of the competency-based approach and teaching strategies. The interviews lasted between 40 and 50 minutes (with an average of 40 minutes) and were conducted by the first author. The interviews were audio-recorded and fully transcribed. The participants were anonymized via the letter E and numbers from 113 in chronological order (E1, E2, etc). (Table 1)

Data analysis

The semi-structured interviews conducted with midwifery educators were audio-recorded and then fully transcribed to ensure an accurate and faithful representation of the discussions. These transcripts were subsequently imported into NVivo software, version 14 which facilitated the organisation and qualitative analysis of the data.

The coding process was carried out using NVivo, which allowed for systematic categorisation and structuring of the data. The material was initially analysed to identify "nodes" (codes) that represented emerging themes, concepts, or perceptions from the participants' narratives. These nodes were assigned to specific segments of the transcripts, thereby organising the data according to relevant categories.

Once the codes were assigned, thematic groupings were performed to identify recurring patterns and trends in the responses of the midwifery educators. This process highlighted the key elements of their lived experiences related to the competency-based approach. NVivo facilitated the organisation of these data, providing a clear visualisation of the relationships between different themes and supporting a thorough and rigorous analysis.

The coding was carried out iteratively, with frequent adjustments to the codes and categories as new themes emerged. This flexibility in using NVivo enabled a dynamic and comprehensive analysis of the data while remaining faithful to the voices of the participants.

Ethical considerations

This study was conducted following the approval of the Ethics Committee of the Faculty of Sciences in Agadir, Morocco (Ref. No: FCR-AE-0601/2023-000101). Participants were informed that their participation was entirely voluntary and that there would be no negative consequences for refusing to participate.

Table 4: Characteristics of the population studied

Respondent	Age (in years)	Number of years of teaching experience	Training in CBA	Level of education
E1	48	12	Yes	Master degree
E2	44	21	Yes	Licence degree
E3	40	13	Yes	Master degree
E4	39	13	Yes	Master degree
E5	53	13	Yes	Master degree
E6	47	16	Yes	Licence degree
E7	40	9	Yes	Master degree
E8	38	13	Yes	Licence degree
E9	62	24	Yes	Master degree
E10	40	9	Yes	Master degree
E11	41	13	Yes	Master degree
E12	38	10	Yes	Master degree
E13	37	9	Yes	Master degree

Additionally, they were free to withdraw from the interview at any time should they change their minds. There were no conflicts of interest between the interviewees and the researchers. After the interviews were transcribed, participants were invited to review the transcripts and remove any information they did not wish to include in the analysis

Results

All participants were women, aged between 37 and 62 years, who had graduated as midwives 14 to 36 years prior. They had 9 to 24 years of experience in midwifery education. Thematic analysis identified five main themes with sub-themes (Table 3).

The CBA as a pedagogical transformation

Pedagogical innovation in content and methods

Educators emphasise that the CBA represents a genuine innovation in the training landscape, fundamentally transforming teaching methods and the perception of learning.

"The educator must be convinced of the value of using the competency-based approach. This implies recognising the limitations of the traditional teaching method previously employed in midwifery training programmes" (E4).

They note that the CBA shifts away from traditional objective-based approaches towards an active pedagogy rooted in professional realities and fostering student engagement. The associated pedagogical techniques, such as case studies, role-playing, and collaborative work, energise classes while actively involving students in their learning process.

"I am ready to adopt the competency-based approach because it brings a new dynamic, breaking the monotony for both the educator and the learner. This method promotes greater receptiveness and a sense of comfort among students, particularly through interactive activities like role-playing, which provide a valuable alternative to traditional lectures" (E2).

Impact on educators

Educators report significant investment in their teaching following the implementation of the new programme. During course planning, they dedicate substantial time to preparing lessons and activities.

"Another challenge related to the Competency-Based Approach (CBA) is the additional workload it entails. The educator must allocate more time to planning, developing pedagogical strategies, and researching relevant topics and articles to integrate. This represents an added responsibility that can increase their workload" (E6).

They also highlight their adaptability to effectively meet the new expectations.

Table 2: Interview guide

Themes	Questions	Themes
CBA concept	What does CBA mean to you? In your experience, what are the principles of CBA? Do you think that the training program for student midwives in Morocco is in line with CBA?	CBA concept
Teaching strategies	Do you feel that the adoption of CBA has influenced your teaching practice (planning, activities, assessment, etc.)? What difficulties have you encountered in your practice of CBA? What would you suggest to overcome these difficulties?	Teaching strategies

Table 3: Themes and sub-themes

Theme 1: The CBA as a Pedagogical Transformation Pedagogical innovation in content and methods Impact on educators	**Theme 2:** The CBA as a Holistic Pedagogical Perspective Student-centred approach Flexibility and adaptability	**Theme 3:** Imperatives and Objectives of the CBA Training aligned with professional realities Institutional commitment Programme design and updates
Theme 4: Development and Assessment of Competence Technical and non-technical skills Cross-disciplinary competencies Formative assessment	**Theme 5:** Institutional and Pedagogical Constraints Lack of resources Language barriers Time management and constraints	

"For me, adopting the competency-based approach (CBA) impacts every stage of my teaching, from course preparation to the first session where I explain the learning and assessment methods to the students. Everything is affected and must be adapted to this new framework, which represents a profound change" (E3).

The CBA as a holistic pedagogical perspective

Student-centred approach

Some educators perceive this approach as genuinely student-centred, emphasising the learner's active role in the educational process.

"The goal is to truly place the student at the centre of teaching, not merely as a theoretical principle, but by ensuring our methods and management of constraints concretely reflect this priority. The student must genuinely be at the heart of the educational process" (E1).

Through the interviews, certain educators suggest that the CBA encourages learners to become autonomous and responsible.

"...this autonomy is accompanied by solid competencies and self-esteem, which is a fundamental aspect of this approach. During training, the student gradually develops the ability to act independently, which is essential to meet the demands of her profession" (E13).

Flexible and adaptive

Educators describe the competency-based approach as flexible and as strengthening the teacher-student relationship.

"For me, the competency-based approach (CBA) stands out for its flexibility. My aim is not to treat the student as a machine to be programmed but to strengthen the relationship between the teacher and the learner. This approach breaks away from oppressive methods and encourages the active

involvement of the student in their own training. When they feel engaged and value what they are studying, their learning becomes more effective" (E7).

Imperatives and objectives of the CBA

Training aligned with professional realities

Educators believe that competency-based training is designed to prepare students to face complex professional contexts. Clinical internships play a key role, offering opportunities for the practical application of acquired skills.

"The CBA prepares professionals optimally for working in the field: learners gain confidence and no longer require constant supervision to perform their tasks" (E10). *"They are able to adapt to varied contexts, whether these resemble simulated realities in the classroom or are directly encountered during internships. This ability to integrate theory and practice reflects the strength of the competency-based approach, which equips students to manage real-life situations effectively with confidence and autonomy"* (E5).

Moreover, simulation emerges as an essential tool to bridge the gap between theory and practice by exposing students to critical situations in a controlled environment.

Institutional commitment

However, one educator suggests that the success of this approach largely depends on institutional resources, including appropriate infrastructure and equipment.

"Moreover, adequate teaching resources are essential to support this approach. This includes a well-equipped simulation centre and the necessary materials to ensure effective practical training. In summary, three essential elements must be considered: a competency-based curriculum, educators trained and aligned with this approach, and suitable teaching resources" (E11).

Programme design and updates

Some educators believe that the structure and design of the curriculum must be centred on a competency-based logic. The programme should reflect this approach and align teaching methods with the principles of the competency-based approach (CBA).

"The competency-based approach (CBA) is fundamentally built on a key principle: achieving clearly defined competencies by the end of the training programme. The structure and design of the curriculum must be developed with this in mind, involving educators in the process. This requires them to deeply understand the programme, its framework, and its architecture, in order to adopt teaching methods aligned with the CBA. Educators' engagement is crucial to ensuring coherence between content and methodology" (E9).

Development and assessment of competence

All educators agree that the competency-based approach (CBA) remains a promising method for developing both technical and non-technical skills in students. Practical activities, simulations, and internships strengthen professional practices and interpersonal abilities.

Additionally, individual and group projects promote autonomy, critical thinking, and adaptability—qualities that are essential in ever-evolving work environments. One educator stated,

"The competency-based approach fosters students' autonomy, enhances their self-esteem, and prepares them to effectively meet the demands of the field" (E7).

Some educators believe that formative assessment, which measures students' progress continuously, complements the CBA framework effectively.

"The adoption of the competency-based approach (CBA) allows close monitoring of students throughout their learning journey, facilitating the identification of issues and providing opportunities to address gaps before the final evaluation. In practice, assessment becomes a continuous process: we assess during the training to better prepare for the final evaluation. This ensures a consistent and targeted progression, where identified gaps are corrected beforehand" (E12).

Institutional and pedagogical constraints

Despite its advantages, educators highlight that the implementation of the competency-based approach

(CBA) faces several challenges related to material, organisational, and educational factors.

The lack of infrastructure, such as simulation centres, and modern equipment limits the quality of training.

"Our institute lacks the necessary resources to meet the needs for consumables in clinical settings. The presence of mentors during internships is essential: they need to be involved, motivated, and informed, particularly through meetings held at the beginning of each semester to present the competencies to be developed and the objectives to be achieved" (E4).

Additionally, linguistic barriers, particularly the insufficient mastery of French among some students, hinder their participation and affect assessments.

"It is crucial to review Morocco's educational policies, especially regarding French language instruction. This issue should be addressed starting in primary school. It is necessary to investigate why these students face significant linguistic challenges, despite studying French from primary school and often achieving high grades in their baccalaureate exams, yet failing to develop the language skills required for higher education" (E6).

Finally, time constraints, such as the insufficient duration of internships and theoretical modules, hinder the development of competencies.

"It is important to analyse how time spent during internships is utilised to ensure it is optimised. Currently, students waste a significant amount of time during internships, which represents a major constraint. This lack of efficiency, combined with inadequate time management, poses a significant obstacle to the development of their competencies" (E8).

Discussion

This study highlights educators' perceptions of the competency-based approach (CBA) as a transformative pedagogical shift in midwifery education. Recognised as both a major innovation and a demanding professional investment, the CBA redefines traditional teaching models by challenging vertical knowledge transmission methods often disconnected from clinical realities. This transition prompts a fundamental revision of entrenched educational practices and pedagogical engineering.[19] The CBA thus represents not merely a pedagogical adjustment but a reconfiguration of educational identity within midwifery training.

The findings indicate that the CBA radically reshapes the perception of learning by fostering active, contextualised, and learner-centred pedagogy. Teaching techniques such as case studies, role-playing, simulations, and authentic learning situations are widely adopted to immerse students in practical scenarios, thereby enhancing the integration of knowledge and skills. Grounding learning in real-life contexts facilitates the acquisition of critical, transferable competencies and strengthens learners' confidence and performance before clinical exposure.[20] The experiential dimension of CBA emerges as a catalyst for professional maturation and situated learning.

Moreover, the approach fosters a renewed motivational dynamic by anchoring pedagogical activities in professional contexts. This connection enhances student engagement, reinforces their sense of professional identity, and improves the quality of learning. The approach also promotes inclusivity by accommodating diverse learner backgrounds and learning paces. Creativity is frequently mobilised as a pedagogical tool to encourage innovation in clinical teaching and problem-solving.[21] These results are consistent with the principles of adult education and transformative learning.

Another major advantage of the CBA lies in the strengthening of the teacher-student relationship. Educators emphasise the importance of individualised support and mentorship as central to learners' empowerment and professional development. This is particularly significant in clinical placements, where achieving a balance between autonomy and guidance depends on the quality of mentorship.[8] The dual role of educators as facilitators and professional models is therefore accentuated.

The development of key competencies—such as clinical judgement, critical thinking, and autonomy—is also prioritised within the CBA framework. Through individual and group projects,

students engage in reflective and decision-making processes adapted to complex and evolving clinical contexts. These activities prepare learners to meet the expectations of modern healthcare environments.[22]

Assessment methods are redefined accordingly. Formative assessment constitutes a cornerstone of the approach, enabling continuous monitoring of progress and early identification of learning gaps. Programmatic assessment strategies further enhance clinical competency development by providing timely and constructive feedback, which supports learners' self-image and fosters confidence.[23,24] Such assessment practices contribute to the development of a growth-oriented learning culture.

Simulation plays a crucial role in bridging the gap between theory and clinical practice. It allows learners to rehearse key procedures in a safe and controlled environment, thereby improving skill acquisition and self-assurance. Furthermore, simulation contributes to reducing clinical errors by offering a secure setting for iterative learning. Tools such as high-fidelity simulators, scenario-based debriefings, and virtual environments are increasingly used to replicate clinical complexity. However, access to modern simulation centres remains essential for maximising these benefits.[2]

Nonetheless, the implementation of CBA is marked by several institutional and pedagogical constraints. One major limitation is the considerable workload imposed on educators, who must redesign courses, adapt content, and create learning situations aligned with targeted competencies.[25] These findings underscore the need for institutional engagement and workload redistribution to sustain implementation efforts.

Infrastructure limitations also present obstacles. Inadequate access to well-equipped simulation centres, outdated tools, and insufficient clinical resources compromises the quality of practical learning. Shortages of consumables during placements and limited availability of clinical sites exacerbate the issue.[26]

Clinical placements face organisational and pedagogical challenges, including difficulties in coordination, lack of continuity in supervision, and heterogeneity in training quality. Ensuring a progressive learning path while maintaining adequate supervision requires motivated and trained clinical mentors.[27] These results reinforce calls for systemic reforms in clinical placement governance. Linguistic barriers also impact learning experiences. Limited proficiency in French among some students affects engagement and assessment outcomes, revealing systemic challenges in second-language instruction and resulting in unequal learning conditions.[28] Time constraints further hinder effective training. Short placements and rigid theoretical modules reduce opportunities for practical application. In several cases, clinical exposure is reported as insufficient or poorly structured.[29] Effective implementation of the CBA is dependent on institutional commitment, including policy alignment, strategic planning, and investment in pedagogical infrastructure. A coherent change strategy supported by designated facilitators is essential.[28] Educators require targeted training in CBA principles, including the shift from content delivery to competency evaluation and the development of contextually adapted assessment tools.[30,31] Curricular coherence with CBA principles is another prerequisite. Training programmes must reflect a competency-based rationale, be designed collaboratively, and ensure alignment between objectives and assessment methods. Co-construction of curricula with educators, clinical partners, and students is increasingly advocated to enhance relevance and ownership.[32] Full implementation of the CBA depends on structural reforms encompassing institutional support, educator development, infrastructure enhancement, and a shared pedagogical vision. Collaborative curriculum design, integrated policies, and adequate resource allocation are fundamental to success.[33] Formative evaluation grids are used to assess complex simulations and decision-making processes. These tools help to objectify evaluations and support transparent feedback between educators and learners. Simulation also facilitates interprofessional collaboration and the development of collective competencies required for effective teamwork in clinical contexts.[34]

In the Moroccan context, the CBA is aligned with international standards, yet implementation remains uneven. Variability in institutional commitment, absence of harmonised frameworks,

and gaps between pedagogical intent and field practices continue to hinder progress.[35]

Additional attention is required to support the integration of international students. Those from diverse linguistic and cultural backgrounds often face added challenges in adapting to academic and clinical environments. Structured orientation, language support, and mentoring are key strategies for improving integration.[36,37]

Lastly, empowering midwives through academic and professional development not only fosters career advancement but also enhances the quality of care and promotes integration within interdisciplinary healthcare teams.[16]

Conclusion

The institutional and pedagogical constraints identified in the implementation of the competency-based approach (CBA) reflect systemic challenges that require interventions at multiple levels. The insufficiency of infrastructure, linguistic barriers, and time constraints limit the effectiveness of this promising approach. Comparisons with previous studies confirm that these challenges are not isolated but are part of a broader set of issues associated with the transition to a competency-centred pedagogy.

To overcome these obstacles, it is essential to invest in modern infrastructure, improve language policies starting from primary education, and rethink time management in internships and theoretical modules. Strengthened institutional commitment, coupled with a reassessment of pedagogical practices, will help maximise the benefits of the competency-based approach (CBA) for both students and educators. Revising the organisation of time during internships and ensuring better integration between theoretical and practical activities could mitigate these challenges. This would require more rigorous planning and enhanced monitoring to optimise learning opportunities.

Contribution of Authors

LN: Conceptualization, design, data acquisition, data analysis, writing. AE: Conceptualization, supervision, reviewing, final approval. SB: Conceptualization, design, supervision, reviewing, final approval.

References

1. Huang J, Lu H, Li J, Zhou N, Zang Y and Ren L. Comparison of midwives' self-perceived essential competencies between low and high maternal mortality ratio provinces in China. J Clin Nurs. déc 2020;29(23-24):4733-47.
2. Hoope-Bender P ten, Lopes STC, Nove A, Michel-Schuldt M, Moyo N and Bokosi M. Midwifery 2030: a woman's pathway to health. What does this mean? Midwifery. janv 2016;32:1-6.
3. World Health Organization. Strengthening quality midwifery education for universal health coverage 2030 [Internet]. Geneva: World Health Organization; 2019 [cité 12 mai 2024]. Disponible sur: https://iris.who.int/handle/10665/324738
4. Bradfield Z, Hauck Y, Kelly M and Duggan R. "It's what midwifery is all about": Western Australian midwives' experiences of being 'with woman' during labour and birth in the known midwife model. BMC Pregnancy Childbirth. déc 2019;19(1):29.
5. Abouzaj S. Competency-Based Approach in Training Nurses and Midwives in Morocco Demystify to Better Use. AMEP. déc 2019;Volume 10:1069-79.
6. Nove A, Ten Hoope-Bender P, Boyce M, Bar-Zeev S, De Bernis L and Lal G. The State of the World's Midwifery 2021 report: findings to drive global policy and practice. Hum Resour Health. déc 2021;19(1):146.
7. Abou Malham S, Hatem M and Leduc N. A case study evaluation of an intervention aiming to strengthen the midwifery professional role in Morocco: anticipated barriers to reaching outcomes. JMDH. sept 2015;419.
8. Chuang LL, Hsieh MC. A competency-based approach to critical care education. Ci Ji Yi Xue Za Zhi. 2018;30(3):148-51.
9. McMullen J, Arakawa N, Anderson C, Pattison L and McGrath S. A systematic review of contemporary competency-based education and training for pharmacy practitioners and students. Research in Social and Administrative Pharmacy. 1 févr 2023;19(2):192-217.
10. Nyoni CN and Botma Y. Sustaining a newly implemented competence-based midwifery programme in Lesotho: Emerging issues. Midwifery. avr 2018;59:115-7.
11. Butler MM, Fraser DM and Murphy RJL. What are the essential competencies required of a midwife at the

point of registration? Midwifery. sept 2008;24(3):260-9.
12. Fleming V, Pehlke-Milde Hebamme J, Davies S and Zaksek T. Developing and validating scenarios to compare midwives' knowledge and skills with the International Confederation of Midwives' essential competencies in four European countries. Midwifery. déc 2011;27(6):854-60.
13. Shikuku DN, Jebet J, Nandikove P, Tallam E, Ogoti E and Nyaga L. Improving midwifery educators' capacity to teach emergency obstetrics and newborn care in Kenya universities: a pre-post study. BMC Med Educ. 31 oct 2022;22(1):749.
14. Western Sussex Hospitals NHS Foundation Trust, UK, Bell C, also funded by NIHR 70@70 Senior Nurse & Midwife Research Leaders Programme, UK, Colleran V, Western Sussex Hospitals NHS Foundation Trust, UK. Empowering Nurses, Midwives and Allied Health Professionals to Gain an Academic, Research and Quality Improvement Experience within Clinical Practice. IJPBLHSC. 17 déc 2019;7(2):69-79.
15. Tatachar A, Wettergreen S and Summers S. Reflective metacognition and objective structured clinical examination performance in introductory pharmacy practice experiences. Currents in Pharmacy Teaching and Learning. oct 2020;12(10):1208-14.
16. Brownie SM, Docherty C, Al-Yateem N, Gadallah MH, Rossiter R. Developing a national competency-based curriculum for technical nurses in Egypt. East Mediterr Health J. 9 déc 2018;24(9):922-32.
17. Avery MD, Mathiason M, Andrighetti T, Autry AM, Cammarano D and Dau KQ. Improved Self-Assessed Collaboration Through Interprofessional Education: Midwifery Students and Obstetrics and Gynecology Residents Learning Together. J Midwife Womens Health. sept 2022;67(5):598-607.
18. Hennink MM, Kaiser BN and Marconi VC. Code Saturation Versus Meaning Saturation: How Many Interviews Are Enough? Qual Health Res. mars 2017;27(4):591-608.
19. Kallio H, Pietilä A, Johnson M and Kangasniemi M. Systematic methodological review: developing a framework for a qualitative semi-structured interview guide. Journal of Advanced Nursing. déc 2016;72(12):2954-65.
20. Nikolaevna KO, Dolievna SF and Isanbayevna YG. The role of interactive teaching methods in the formation of students' professional competence. lingcure. 8 déc 2021;5(S2):1424-30.
21. Dunagan PB. A comparison of the American Association of Colleges of Nursing's basic principles and benefits of competency-based nursing education and Fink's taxonomy. Journal of Professional Nursing. nov 2024;55:140-5.
22. Moffatt ME, Ford R, Lujano BN, Reed S, Singh A and Stewart DA. Competency based medical education – Where do I start? Current Problems in Pediatric and Adolescent Health Care. oct 2024;54(10):101674.
23. Açıkgöz T and Babadoğan MC. COMPETENCY-BASED EDUCATION: THEORY AND PRACTICE. PERR [Internet]. 1 déc 2021 [cité 11 mai 2025]; Disponible sur: https://perrjournal.com/index.php/perrjournal/article/view/15
24. Gruppen LD, Mangrulkar RS and Kolars JC. The promise of competency-based education in the health professions for improving global health. Hum Resour Health. déc 2012;10(1):43.
25. Mayra K, Padmadas SS and Matthews Z. Challenges and needed reforms in midwifery and nursing regulatory systems in India: Implications for education and practice. PLoS One. 2021;16(5):e0251331.
26. Stefaniak M and Dmoch-Gajzlerska E. Evaluation of a Mentor training program for midwives in two hospitals in Warsaw, Poland - a qualitative descriptive study. BMC Med Educ. déc 2021;21(1):345.
27. Lukasse M, Lilleengen AM, Fylkesnes AM and Henriksen L. Norwegian midwives' opinion of their midwifery education – a mixed methods study. BMC Med Educ. déc 2017;17(1):80.
28. Castro Lopes S, Nove A, Ten Hoope-Bender P, De Bernis L, Bokosi M and Moyo NT. A descriptive analysis of midwifery education, regulation and association in 73 countries: the baseline for a post-2015 pathway. Hum Resour Health. déc 2016;14(1):37.
29. Adnani QES, Gilkison A, McAra-Couper J. A historical narrative of the development of midwifery education in Indonesia. Women and Birth. févr 2023;36(1):e175-8.
30. Deng L, Wu Y, Chen L and Peng Z. 'Pursuing competencies' or 'pursuing scores'? High school teachers' perceptions and practices of competency-based education reform in China. Teaching and Teacher Education. avr 2024;141:104510.
31. Chimea TL, Kanji Z and Schmitz S. Assessment of clinical competence in competency-based education. Can J Dent Hyg. 1 juin 2020;54(2):83-91.
32. Moller AB, Welsh J, Gross MM, Petzold M, Ayebare E and Chipeta E. Assessment of midwifery care providers intrapartum care competencies, in four sub-Saharan countries: a mixed-method study protocol. Reprod Health. déc 2021;18(1):50.

33. Shikuku DN, Mwaura C, Nandikove P, Uyara A, Allott H, Waweru L, *et al*. An evaluation of the effectiveness of an updated pre-service midwifery curriculum integrated with emergency obstetric and newborn care in Kenya: a cluster randomised controlled trial. BMC Med Educ. 31 déc 2024;24(1):1562.
34. Moncrieff G, MacVicar S, Norris G and Hollins Martin CJ. Optimising the continuity experiences of student midwives: an integrative review. Women and Birth. févr 2021;34(1):77-86.
35. Kneebone R. Perspective: Simulation and Transformational Change: The Paradox of Expertise: Academic Medicine. juill 2009;84(7):954-7.
36. Ahmadi G, Shahriari M, Keyvanara M and Kohan S. Midwifery students' experiences of learning clinical skills in Iran: a qualitative study. Int J Med Educ. 9 mars 2018;9:64-71.
37.McKellar L and Kempster C. We're all in this together: Midwifery student peer mentoring. Nurse Education in Practice. mai 2017;24:112-7.