

American College of Nurse-Midwives (ACNM) Regulation Gap Analysis

Category	Standard	Explanation	CNM/CM Gap Analysis
1. Model of regulation			
	1.1 Regulation is midwifery specific	Midwifery requires legislation that establishes a midwifery-specific regulatory authority with adequate statutory powers to effectively regulate midwives, support autonomous midwifery practice and enable the midwifery profession to be recognised as an autonomous profession. Midwifery-specific legislation protects the health of mothers and babies by ensuring safe and competent midwifery practice.	<p>CNM/CMs are regulated by various types of boards (medicine, nursing, health, midwifery) at the state level.</p> <p>Regulation may be at the level of a CNM, or may be at the level of an advanced practice nurse.</p> <p>CMs are regulated in 4 states.</p> <p>In all cases, AMCB certification is required for licensure.</p>
	1.2 Regulation should be at a national level	Where possible regulation should be at a national level. However, if this is not possible there must be a mechanism for collaboration and communication between the midwifery regulatory authorities. National regulation enables uniformity of practice standards and	CNM/CM regulation is at the state level. The state boards of nursing collaborate (NCSBN), but all regulatory agencies that govern midwives don't collaborate.

		facilitates freedom of movement of midwives between jurisdictions.	Practice standards may vary by state. Midwives may move between states as interstate licensure compacts allow. In cases where there are no compacts, midwives must apply for licensure in each jurisdiction. AMCB certification is a national certification that is accepted in all jurisdictions.
3. Governance			
	3.1 The legislation sets a transparent process for nomination, selection and appointment of members to the regulatory authority and identifies roles and terms of appointment.	Because there is no evidence for any specific model of selection of members for regulatory authorities the ICM recommends a combination of appointment and election for all members of the midwifery regulatory authority. The choice will depend on feasibility and local acceptance. All members of the regulatory authority should demonstrate experience and expertise against pre- determined selection criteria such as broad experience in the midwifery profession; business and finance expertise; education expertise and legal expertise.	Individual state board leadership is controlled at the state level, and includes both elected and appointed members. In most cases, board members are appointed. Not all boards include midwifery representation. The AMCB board is comprised mostly of midwives. There are representatives from other organizations and a public representative. Members are appointed.

	<p>3.2 The majority of members of the midwifery regulatory authority are midwives who reflect the diversity of midwifery practice in the country.</p>	<p>Midwife members should be appointed or elected from nominees put forward by the midwifery profession. The midwife members need to reflect the diversity of midwives and of midwifery practice in the country, have credibility within the profession and be authorised to practise in the jurisdiction.</p> <p>Midwives must make up the majority membership of any regulatory authority to ensure that midwifery standards are utilised in decision-making.</p>	<p>Except in cases where governed by a midwifery board, there generally is not a requirement to have a midwife representative on the regulatory board.</p> <p>AMCB board members are geographically representative of the nation, and are CNMs/CMs. Midwives make up the majority of AMCB board members.</p>
	<p>3.3 There must be provision for lay members</p>	<p>Lay members of the midwifery regulatory authority should reflect the diversity of the country including ethnicity. Ideally lay members will provide perspectives that reflect those of childbearing women.</p>	<p>The presence of lay members on state regulatory boards is determined by each individual state. Lay members may not represent the perspective of childbearing women.</p> <p>AMCB board does include a lay member representing the perspective of childbearing women.</p>
	<p>3.4 The governance structures of the midwifery regulatory authority should be set out by the legislation.</p>	<p>The midwifery regulatory authority has systems and processes in place to specify roles and responsibilities of board or council members; powers of the council; process of appointment of chairperson.</p>	<p>Individual state boards have systems and processes in place to identify members roles and powers.</p>

		<p>The midwifery regulatory authority determines the processes by which it carries out its functions under the legislation. Such processes must be transparent to the public through publication of an annual report and other mechanisms for publicly reporting on activities and decisions.</p>	<p>Decisions are publically available.</p> <p>AMCB has systems and processes in place to identify roles and powers of board members and processes for selecting board leadership. Their processes are not legislated or publically transparent.</p>
	<p>3.5 The chairperson of the midwifery regulatory authority must be a midwife.</p>	<p>The members of the midwifery regulatory authority should select the chairperson from amongst the midwife members.</p>	<p>Chairpeople of state boards are not required to be midwives. Chairpeople may be appointed instead of elected by members.</p> <p>AMCB board elects president.</p>
	<p>3.6 The midwifery regulatory authority is funded by members of the profession</p>	<p>Payment of fees is a professional responsibility that entitles midwives to obtain registration or a license to practise if that midwife meets the required standards.</p> <p>Fees paid by midwives provide politically independent funding of the midwifery regulatory authority. Ideally the midwifery regulatory authority is entirely funded by the profession. However, in countries where the midwifery workforce is small or poorly paid some government support may be required.</p> <p>Government funding has the potential to limit the</p>	<p>State regulatory boards require fee payment for licensure. This fee varies by state. Boards are also funded by state funds. Midwives do not entirely fund the boards that govern them.</p> <p>AMCB charges fees for examination and continued certification as published on their website. AMCB is funded entirely by fees for initial</p>

		autonomy of the midwifery regulatory authority and therefore needs to be provided through a mechanism that minimises such a consequence.	certification activities and certificate maintenance.
	3.7 The midwifery regulatory authority works in collaboration with the midwifery professional association(s).	The midwifery regulatory authority's processes should be based on principles of collaboration and consultation. The midwifery regulatory authority needs to work in partnership with other midwifery organizations that also have a role in public safety and standard setting such as the midwifery association.	State boards of nursing work independently from the ACNM. ACNM attends meetings when invited. AMCB and ACNM have a collaborative relationship.
	3.8 The midwifery regulatory authority works in collaboration with other regulatory authorities both nationally and internationally.	Collaboration with other regulatory authorities, both nationally and internationally, promotes understanding of the role of regulation and more consistent standards globally. Collaboration can provide economies of scale for developing shared systems and processes that improve quality.	State boards collaborate with other regulatory authorities on a state and national basis. The level of that collaboration varies by state. AMCB collaborates with other certification entities through maintaining board positions for representatives from other certification agencies.
4. Functions			
4.1. Scope of practice	4.1.1. The midwifery regulatory authority defines the scope of practice of the midwife that is consistent	The midwifery profession determines its own scope of practice rather than employers, government, other health professions, the private health sector or other commercial interests. The	Scope of midwifery practice is variable by state although most refer to ACNM Core competencies which are based

	<p>with the ICM definition and scope of practice of a midwife.</p>	<p>scope of practice provides the legal definition of what a midwife may do on her own professional responsibility.</p> <p>The primary focus of the midwifery profession is the provision of normal childbirth and maternity care. Midwives are required to demonstrate the ICM essential competencies for basic midwifery care regardless of setting, whether it be tertiary/acute hospitals or home and community-based services/birthing centres.</p> <p>The scope of practice must support and enable autonomous midwifery practice and should therefore include prescribing rights, access to laboratory/screening services and admitting and discharge rights. As autonomous primary health practitioners midwives must be able to consult with and refer to specialists and have access to back up emergency services in all maternity settings.</p> <p>Associated non-midwifery legislation may need to be amended to give midwives the necessary authorities to practise in their full scope. For example, other legislation that controls the prescription of narcotics/medicines or access to laboratory/diagnostic services may need to be amended.</p>	<p>upon ICM standards.</p> <p>Employers and governments do determine the scope of midwifery practice. At a national level, midwives are recognized as independent practitioners.</p> <p>The core competencies and scope of practice as defined by ACNM focus on primary care in addition to childbirth and maternity care. All midwives, regardless of practice setting, are held to these standards.</p> <p>Prescribing rights vary by state (see Osborne, K. (2012) article, attached.) Access to hospital admission/discharge and other hospital services is variable by facility, as are referral procedures.</p>
<p>4.2. Pre-registration midwifery education</p>	<p>4.2.1. The midwifery regulatory authority sets the minimum standards for pre-registration midwifery</p>	<p>The midwifery profession defines the minimum standards for education and competence required for midwifery registration. The ICM definition and scope of practice of a midwife, essential</p>	<p>CNM/CM education programs are accredited by ACME, which is accredited by the DOE. ACME defines the</p>

	<p>education and accreditation of midwifery education institutions that are consistent with the ICM education standards.</p>	<p>competencies for basic midwifery practice and standards for midwifery registration should provide the framework for pre-registration midwifery education programmes.</p> <p>By setting these minimum standards for pre-registration midwifery education the profession (via the midwifery regulatory authority) ensures that midwives are educated to the qualification/standard/level required for midwifery registration and that programmes are consistent.</p> <p>By setting the minimum standards for accreditation of midwifery education institutions the profession (via the midwifery regulatory authority) ensures that the education institution is able to provide quality midwifery education and that there is standardisation across programmes and educational institutions.</p> <p>The midwifery regulatory authority utilises a transparent process of consultation with the wider midwifery profession, maternity consumers and other stakeholders In setting the minimum standards for pre-registration midwifery education and accreditation. It also draws upon the ICM Global Standards for Midwifery Education (2011).</p>	<p>standards for education and competence. These standards are based on ICM documents. To become licensed, one must pass the AMCB certification exam. In order to take the exam, one must graduate from an ACME accredited program. Thus, education of CNM/CMs are educated in consistent programs meeting the standard required by ACME (and indirectly the DOE), AMCB, and the regulatory agency.</p>
	<p>4.2.2. The midwifery regulatory authority approves pre- registration midwifery education</p>	<p>The midwifery regulatory authority establishes the processes to approve midwifery education programmes and accredit midwifery education organisations in order to ensure that the</p>	<p>ACME has established processes to pre-approve and approve midwifery education programs. ACNM Core</p>

	programmes leading to the qualification prescribed for midwifery registration.	programmes and graduates meet the approved education and registration standards and the ICM Global Standards for Midwifery Education. In countries where national accreditation organisations exist the midwifery regulatory authority collaborates in the processes of approval and accreditation. In these situations each organisation may focus on its own specific standards and area of expertise and accept the assessment of the other. For example, a midwifery regulatory authority will need to ensure that the programme leads to the standards for midwifery registration while a specific education accreditation organisation will assess whether the programme or the education institution meets the standards necessary to grant the relevant academic qualification.	competencies are based upon the ICM Global standards and essential competencies.
	4.2.3. The midwifery regulatory authority accredits the midwifery education institutions providing the approved pre-registration midwifery education programme.		
	4.2.4. The midwifery regulatory authority audits pre- registration midwifery education programmes and midwifery education institutions.	The midwifery regulatory authority establishes the processes for ongoing monitoring and audit mechanisms of pre-registration midwifery education programmes and the midwifery education institutions providing the programmes in order to ensure that appropriate standards are maintained. While it establishes the processes the midwifery regulatory authority may employ external auditors to carry out this work.	ACME has processes for ensuring continuing excellence in the midwifery programs it accredits.
4.3. Registration	4.3.1. The legislation sets the criteria for midwifery	To enter the register of midwives applicants must meet specific standards set by profession (via the	Each state has legislation that sets the criteria for licensure in

	registration and/or licensure.	midwifery regulatory authority). For example, such standards may include:	midwifery.
	4.3.2. The midwifery regulatory authority develops standards and processes for registration and/or licensure	demonstration of having met the competencies for entry to the register (refer ICM essential competencies); successful completion of the approved pre-registration midwifery education programme to the required standard; successful completion of a national examination; demonstration of having met standards of fitness for practice including being of good character (possible police check for criminal record), being able to communicate effectively in the professional midwifery role and having no health issues that could prevent safe practice.	All states require AMCB certification. Prior to becoming certified by AMCB, an individual must demonstrate that they are a safe entry level practitioner, have passed the accredited midwifery education program, and successfully pass the AMCB exam. State boards and AMCB have mechanisms to assess whether an individual meets standards of fitness for practice.
	4.3.3. The midwifery regulatory authority develops processes for assessing equivalence of applicants from other countries for entry to the midwifery register/or licensure.	Midwifery registrants from other countries must meet the same registration standards as local midwifery registrants. The assessment process should be comprehensive and may include: sighting and assessing original qualifications and post-registration midwifery experience of applicants and comparing these with the educational preparation of local new graduate midwives; assessing the competence of applicants against the competencies for entry to the register; obtaining a certificate of good standing from other regulatory authorities with whom the midwife is registered.	Anyone who desires to be a CNM/CM must meet the same criteria, regardless of country of origin. Each accredited midwifery program has its own processes (approved by ACME) for accepting students with prior experience.

		<p>Assessment methods may include examinations and clinical assessment of competence. Midwives from other countries who meet registration standards should be required to complete an adaptation programme to orientate to local society and culture, health system, maternity system and midwifery profession. Midwives can hold provisional registration until these requirements are met within the designated timeframe. Regulatory authorities should cooperate and collaborate to facilitate international mobility of midwives without compromising midwifery standards or public safety or breaching international guidelines on ethical recruitment from other countries.</p>	
	<p>4.3.4. Mechanisms exist for a range of registration and/or licensure status.</p>	<p>From time to time midwifery regulatory authorities need flexibility to temporarily limit the practice of a midwife, for example, while a midwife is having her competence reviewed or is undertaking a competence programme or has a serious health issue that may compromise safe practice. Legislation should include categories of registration to provide for particular circumstances. For example provisional, temporary, conditional, suspended and full midwifery registration/licensure. The midwifery regulatory authority develops policy and processes to communicate the</p>	<p>Each state board has mechanisms to censure or restrict (temporarily or permanently) the license of a midwife practicing in their state. AMCB also has mechanisms to restrict practice of practitioners who may be unsafe.</p>

		registration status of each registered midwife.	
	4.3.5. The midwifery regulatory authority maintains a register of midwives and makes it publicly available.	The midwifery regulatory authority demonstrates public accountability and transparency of its registration processes by making the register of midwives available to the public. This may be electronically through a website or by allowing members of the public to examine the register. Women and their families have a right to know that their midwife is registered/licensed and has no conditions on her practice. Therefore this information needs to be accessible to the public.	Each state has its own procedures for making public the names of those licensed in that state. AMCB has a website where anyone may search a particular individual to ascertain the status of their certification.
	4.3.6. The midwifery regulatory authority establishes criteria, pathways and processes leading to registration/licensure for midwives from other countries who do not meet registration requirements.	Where midwives from other countries do not meet the registration standards a range of options can be considered including examination, education programmes, clinical assessment. Some midwives may not be able to meet the registration standards without first completing another pre-registration midwifery education programme.	All CNM/CMs must meet AMCB criteria (including graduation from an ACME accredited program) to be certified.
	4.3.7. The midwifery regulatory authority collects information about midwives and their practice to contribute to workforce planning and research.	The midwifery regulatory authority has a role in supporting workforce planning. Information collected can inform planning for pre-registration and post- registration midwifery education and inform governments about workforce needs and strategies. Some information will be collected from the register of midwives but the midwifery	Individual states may maintain information about midwives in their databases. The level of information maintained varies by state. AMCB has this information and shares it with governmental

		<p>regulatory authority may also collect specific information about midwifery practice through surveys of midwives on the register.</p> <p>The midwifery regulatory authority is an appropriate body to provide a national overview of the midwifery workforce for planning purposes.</p> <p>Midwifery regulatory authorities may be the appropriate body to manage workforce deployment to prevent over or under supply of midwifery workforce numbers. It is an issue of public safety to ensure access to midwives for all women regardless of location.</p>	<p>authorities when requested.</p>
4.4. Continuing competence	<p>4.4.1. The midwifery regulatory authority implements a mechanism through which midwives regularly demonstrate their continuing competence to practise.</p>	<p>Midwifery competence involves lifelong learning and the demonstration of continuing competence for registration/licensure.</p> <p>Eligibility to continue to hold a licence to practise midwifery is dependent upon the individual midwife's ability to demonstrate continuing competence.</p> <p>Assessment and demonstration of continuing competence is facilitated by a recertification or relicensing policy and process that includes such things as continuing education, minimum practice requirements, competence review (assessment) and professional activities.</p>	<p>Continuing education requirements vary by state. AMCB has clear requirements for continuing education and certification is renewed every five years. In addition, credentialing which occurs at a facility-level requires continuing education.</p>
	<p>4.4.2. The legislation sets out separate requirements for entry to the midwifery</p>	<p>A requirement for regular relicensing separates the registration/first licensing process from the subsequent application to practise process.</p>	<p>Each state requires license renewal on a regular basis. Certification, which requires</p>

	<p>register and/or first license and relicensing on a regular basis.</p>	<p>Historically in many countries relicensing required only the payment of a fee. Internationally there is an increasing requirement for demonstration of ongoing competence (including updating knowledge) as a requirement for relicensure of health professionals. This is achieved through the issuing of a practising certificate on a regular basis to those who meet the requirements for ongoing competence.</p>	<p>continuing education, is required to renew one's license.</p>
	<p>4.4.3. A mechanism exists for regular relicensing of the midwife's practice.</p>	<p>Midwives may be on the midwifery register for life (unless removed through disciplinary means or by death). However, the establishment of separate processes to approve the ongoing practice of midwives will enable the midwifery regulatory authority to monitor the continuing competence of each midwife. Separation between the processes for registration and approval for ongoing practice also provide a more flexible mechanism for placing conditions and/or restrictions on a midwife's practice if required. The register of midwives must show the practising status of the midwife and must be publicly available.</p>	<p>Each state requires re-licensing on a regular basis. AMCB maintains a database of CNM/CMs who are and are not currently certified.</p>
	<p>4.4.4. Mechanisms exist for return to practice programmes for midwives who have been out of practice for a defined period.</p>	<p>The midwifery regulatory authority is responsible for ensuring that all midwives are competent. As part of a continuing competence framework the midwifery regulatory authority ensures that standards and guidelines are set that identify the timeframes and pathways for midwives returning</p>	<p>Schools may provide return to practice educational programs. ACNM has a document defining requirements for returning to practice. AMCB does not have a practice</p>

		to practice after a period out of practice.	requirement for maintaining certification. Each state creates its own practice requirements to maintain licensure.
4.5. Complaints and discipline	4.5.1. The legislation authorises the midwifery regulatory authority to define expected standards of conduct and to define what constitutes unprofessional conduct or professional misconduct.	The midwifery regulatory authority has a public protection role and increasingly there is a public expectation that all professions are transparent and effective in setting standards for practice that protect the public. The midwifery regulatory authority sets the standards of professional conduct and ethics and judges when midwives fall below expected standards.	State requirements for licensure are publically available. Standards exist to protect the public and a mechanism is in place to define unprofessional conduct/professional misconduct. AMCB has standards in place to judge midwifery practice identified as below standards, unsafe or injurious.
	4.5.2. The legislation authorises the midwifery regulatory authority to impose, review and remove penalties, sanctions and conditions on practice	The midwifery regulatory authority requires a range of penalties, sanctions and conditions including censure; suspension; midwifery supervision; requirement to undertake an education programme; requirement to undergo medical assessment; restricted practice; conditional practice; and removal from the register. The midwifery regulatory authority utilises due process and a sets a time frame whereby the midwife can apply to have penalties, sanctions or conditions reviewed and or removed.	State boards have the ability to restrict and remove licensure and to require educational or other remedies when needed. AMCB also has the ability to remove certification from those who do not meet practice standards.
	4.5.3. The legislation sets	Appropriate mechanisms must be in place to	State boards have mechanisms

	out the powers and processes for receipt, investigation, determination and resolution of complaints.	effectively manage issues of competence, health and conduct. The mechanisms must ensure natural justice. The detail in the legislation will depend on the judicial system and cultural context in place in any country. Very prescriptive legislation may restrict the development of a flexible and responsive midwifery workforce.	by which the public can report complaints and processes by which those complaints are investigated. AMCB also has mechanisms whereby complaints can be lodged and investigations take place.
	4.5.4. The midwifery regulatory body has policy and processes to manage complaints in relation to competence, conduct or health impairment in a timely manner.	Complaint processes enable anyone to make a complaint about a midwife (consumer/service user, other health professional, employer, another midwife, or regulator can initiate a complaint). In addressing competence, health or conduct matters a philosophy of rehabilitation and re-education provides the framework for decision making system in the interests of an effective maternity system.	State boards accept complaints about midwifery practice and have processes in place to investigate those complaints. AMCB also has a mechanism to address and investigate complaints.
	4.5.5. The legislation should provide for the separation of powers between the investigation of complaints and the hearing and determining of charges of professional misconduct.	Separation of investigation and hearing and determination allows for fairness to the midwife and transparency to the public. Separation of powers prevents a conflict for the midwifery regulatory authority between protecting the interests of the midwifery profession and ensuring public safety. The decision is made in the public interest, rather than that of the profession.	State boards have processes to investigate complaints. These processes vary by state. AMCB has processes that allow for the separation from the investigation and the decision making processes related to professional misconduct.
	4.5.6. Complaints management processes are	A freely available and accessible appeal process should be in place.	State boards have appeal processes (vary by state).

	transparent and afford natural justice to all parties.		AMCB has appeal proceses.
4.6. Code of conduct and ethics	4.6.1. The midwifery regulatory authority sets the standards of conduct and ethics.	The codes of conduct and ethics are a baseline for the practice and professional behaviour expected from a midwife and the midwifery profession. The profession sets these standards via the midwifery regulatory authority. Internationally, common elements in codes include rules around personal value systems, professional boundaries, inter-professional respect, collegial relationships, informed consent, advertising, and product endorsement. Codes of ethics should be consistent with the ICM Code of Ethics.	ACNM sets the standards of conduct and ethics for CNM/CMs. These standards may or may not be referenced in specific state legislation. Midwives are expected to practice in accordance with ACNM standards and code of ethics.

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