



December 8, 2010

Barbara Graves, CNM, MN, MPH, FACNM
President
American Midwifery Certification Board, Inc. (AMCB)
849 International Drive, Suite 205
Linthicum, MD 21090

Dear Barbara:

On behalf of the ACNM Board of Directors (BOD), I would like to thank you and AMCB Executive Director Carrie Bright for participating in our quarterly teleconference meeting of December 4, 2010, to provide an update on the transition of CNM lifetime certifications to time-limited certifications. Your participation was extremely informative and helpful. The purpose of this letter is to follow up on the meeting by expressing the viewpoints of the BOD, summarizing our understanding of the conversation, and sharing our suggestions for the next steps.

I would like to emphasize our continued support for the transition to time-limited certification for all CNMs and CMs in clinical practice. It is clear that AMCB has extensively researched this matter and that this decision was not taken lightly. Based on our reading of this research and current standards for certification maintenance for health care professionals, we share AMCB's assessment that time-limited certification is essential in order to: (a) preserve public safety; (b) protect CNM/CM's eligibility for State licensure; (c) maximize eligibility for government-program payments for CNM/CM services; (d) safeguard a positive reputation for ACNM, AMCB, and the profession of midwifery; and (e) to limit otherwise potentially-extensive liability exposure.

We similarly share your perspective that while the midwifery profession in the U.S. has long been recognized as forward-thinking, innovative, and committed to quality, we now sadly find ourselves potentially falling behind the times and the strength of our credential on the line. We appreciate AMCB's commitment to preserving and protecting the integrity of the CNM credential that all have worked so hard to attain.

With all major changes, however, a significant communications effort is essential. Moreover, issues will arise along the way that must be approached thoughtfully. Sometimes these will require course corrections. In this context, we expressed our concern about how we can work together to improve communications to the ACNM

membership and explored potential strategies for addressing concerns that have been raised about this transition.

In our meeting, you reviewed some of the landmark events in the history of CNM certification: including the 1991 separation of the ACNM Certification Council (ACC, which in 2006 changed its name to the American Midwifery Certification Board, or AMCB) as a distinct and separate entity from the ACNM. This was done to protect the integrity of the CNM credential and ensure the independence of certification functions from the membership association—a typical configuration for many if not most health care professions. As part of this process, the certificates previously granted by ACNM were transferred to the ACC, although ACNM retained authority for disciplinary action in cases involving CNMs certified before 1991. In a follow-on, amended contract between ACNM and AMCB executed in the year 2000, it appears that disciplinary authority for all CNMs was transferred to ACC. Our legal counsel has affirmed the appropriateness of these decisions and the contracts executed at that time.

In 1996 ACC instituted time-limited certificates for CNMs and for the newly recognized CM credential. At that time, the decision was made to “grandmother” the CNM the credential for those certified prior to 1996. In our December 4th meeting, we discussed the possibility of continued “grandmothering”, as was done by the American Board of Obstetricians & Gynecologists. You presented data indicating that the population of practicing ob/gyns who were grandfathered by ABOG was older on average and nearing retirement; whereas we are fortunate that a significant numbers of midwives certified before 1997 are of a younger average age and will continue to practice for many years. This reality heightens the importance of certification maintenance requirements for all CNMs in active practice.

The ACNM BOD also inquired about potential changes to the CNM trademark, which is held by AMCB, in order to indicate active clinical practice status. We discussed possible changes to the current trademark definition and/or the addition of sub-trademarks. We are not suggesting the abandonment of the CNM trademark – just adjustments to the requirements that need to be met in order to use it, as well as possibly introducing another certification mark in compliance with US Patent and Trademark Office guidelines that encompasses “CNM.” Examples discussed included the ability of all CNMS to use CNM and those who are enrolled in AMCB’s Competency Maintenance Program (CMP) would be designated CNM–C. We are aware that other health care professions have taken this route. This is a strategy that you have agreed to explore with your legal counsel, possibly in consultation with ACNM’s legal counsel.

We found it very interesting to hear your view that other professional organizations are watching our deliberations carefully since they would likely be changing their approach to this issue in the future. We concur with your assessment of the seriousness of communications received by AMCB from a state board of nursing stating that they would cease to recognize the CNM credential if it did not institute uniform certification maintenance requirements for all CNMs in active clinical practice. You noted that a similar message has been communicated by another state board and we ask that you share more specific information about that with the ACNM BOD. Finally, we recognize

that many CNMs certified prior to 1996 are not enrolled in ACNM's voluntary Continuing Competency Assessment (CCA) program; consequently, it is impossible for AMCB to assure the public that individuals using the CNM credential have maintained their currency in clinical knowledge.

You also indicated that you are working on a new communications from AMCB to outline the steps taken leading up to the decision to require time-limited certification.

In closing I would like to note the diversity of comments the BOD has received from members over the past year and especially in recent weeks as this transition has become reality. (Some are included below.) As the membership organization representing CNMs and CMs, we are listening carefully in an effort to reconcile the wisdom of those who laid the foundations of our profession with the legal and regulatory reality of today's practice environment. Their voices about past, present, and future provide a useful backdrop for our thoughtful consideration to solving the dilemma of how best to protect and defend the CNM credential.

Having been "certified" by MCA in 1962, when there was not practice readily available, I need to ask whether you want me to deny that I am a "certified nurse-midwife" when I am "on the Hill" and other venues?

I personally think AMCB leadership needs to rethink the options available for many elder CNMs who are no longer in practice without taking away the 'CNM' designation. As many have suggested, active midwives could use a different designation, such as (c) to designate currency in practice.

If the "old guard" loses their treasured CNM, many will walk away from the AMCB, ACNM, Foundation & Fellowship and all! We cannot afford to lose this group! They have been and still are the "doers" of ACNM, Past Presidents, Board Members, Hattie Awardees, Fellows & Foundation members and many are still chairs or active members of divisions, committees, task forces, etc as well as "assigned speakers" to certain groups and meetings. These are the ones the AMCB are going to cut off?

In that context the ACNM BOD recommends that AMCB and ACNM engage in meaningful ongoing dialogue about future use of the CNM credential. We believe it our *shared challenge* to communicate that there are many ways for a CNM to be "active" and "to practice"—and that these can be reflected in our credentials. All individuals who have taken the certification exam to become a CNM must demonstrate competency across our core competencies, including clinical and professional comportment. The former is important for public safety; the latter addresses the non-clinical aspects of practice, but nevertheless is essential to the profession and its future.

The ACNM BOD valued the discussion of these issues in our December 4th meeting. We appreciate your further exploration of these issues, your willingness to facilitate communication between AMCB's and ACNM's respective legal counsels, and we look forward to working with you. The *ACNM Task Force on the Transition from Life- to*

Time-Limited Certification will be in touch for further discussion. Once you have gathered more data on these possibilities we would like to invite the AMCB Board to join the ACNM Board to discuss these issues with ACNM members early in 2011 in a free webinar hosted by ACNM. We strongly believe the discussions should be open and transparent and provide the opportunity for our colleagues to provide their thoughts, ask for clarification, and for us to respond to them.

Thank you again for talking with us this weekend.

Sincerely yours,

Holly

A handwritten signature in black ink, appearing to read "Holly Powell Kennedy". The signature is fluid and cursive, with a large, stylized initial "H" and "K".

Holly Powell Kennedy, PhD, CNM, FACNM, FAAN
President