

Position Statement: Reentry to Midwifery¹ Practice

At various points in their careers, midwives, like many other health care professionals, may face circumstances that require a period of time away from clinical practice. ACNM believes that state regulatory agencies, professional associations, academic institutions and health care institutions must work together to assist health care practitioners to meet the educational, clinical and personal needs that must be addressed for a successful reentry to clinical practice.

Policy makers, regulatory and credentialing boards, educators and employers who develop programs or regulations regarding reentry for midwives must strike a careful balance: requirements must be sufficiently stringent to ensure that patients receive care and services from qualified providers, yet sufficiently flexible to protect the investment made in education and training and to ensure an adequate healthcare workforce. The following principles should be incorporated in to policies, programs, rules and regulations:

1. Midwives should meet current *Core Competencies for Basic Midwifery Practice* and should practice in accordance with the *Standards for the Practice of Midwifery*.

2. Existing programs to ensure continuing competency should be recognized and integrated into newly developed programs and regulations.

Currently, two programs exist to evaluate the continued maintenance of contemporary knowledge and abilities required to function safely as a midwife and to foster critical review of recent advances in midwifery practice: 1) the Continuing Competency Assessment (CCA) program administered by ACNM, and 2) the Certificate Maintenance Program (CMP) established by the American Midwifery Certification Board, Inc. (AMCB, formerly ACNM Certification Council (ACC)).

3. Professional liability insurance should be available for midwives engaging in clinical refreshers.

Difficulty in obtaining professional liability insurance should not create a barrier to reentry. The insurance industry and institutions that are self insured should facilitate the availability of adequate coverage.

4. Reentry must be addressed on a case-by-case basis.

The needs of each reentering midwife must be individually evaluated and a plan for reentry developed on a case-by-case basis. The midwife's previous experience, the degree to which she/he has maintained currency of professional knowledge through continuing education

¹ * *Nurse-Midwifery and Midwifery as in the title and introduction of this document will hereafter be referred to as midwifery, as defined by ACNM. Midwifery as used throughout this document refers to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American College of Nurse-Midwives (ACNM) or American Midwifery Certification Board, Inc (AMCB, formerly ACNM Certification Council, Inc. (ACC)).*

programs, and the demands of the position she/he plans to reenter all must be considered.

A midwife who has not engaged in any clinical work for a number of years has different needs than a midwife who has engaged in full-time work in the outpatient setting, and needs refreshing of skills only in the inpatient setting. Individual midwives will need different amounts and types of experiences to achieve and demonstrate competency.

5. Current competence must be carefully assessed.

Reentry requirements are established to ensure current competence. The midwife's ability to make appropriate clinical judgments, based on the best currently available evidence, must be assessed. The technical skills involved in clinical practice must also be assessed. Requirements of a certain number of procedures in a certain time period should not be substituted for individualized assessment and the opportunity to demonstrate current competence in all relevant areas of clinical practice. When specific requirements are established for a procedure or skill (e.g., number of deliveries attended in a particular time frame), those requirements should be equivalent for all types of obstetrical care providers.

- Midwives who have practiced in a full-scope setting within two years may be comfortable reentering practice with a formal orientation period available in the employment setting. A routine or prolonged orientation period may be sufficient to demonstrate competency.
- Midwives who have not been substantially engaged in the practice of midwifery for more than two years should successfully complete the ACNM Reentry Program.
- *Criteria are still being developed for midwives who have not been substantially engaged in the practice of midwifery for more than eight years.*

6. The availability of clinical refresher opportunities is a key component of successful reentry.

A clinical refresher provides an opportunity for the assessment of current competency in all the essential components of midwifery practice as defined by the ACNM *Core Competencies for Basic Midwifery Practice*. A clinical refresher may be provided by an ACNM accredited education program, or is established by the midwife in conjunction with a midwife, nurse practitioner or physician. The application to participate in the ACNM Reentry Program includes a description of the planned clinical refresher and must receive prior approval of the Continuing Competency Section of the ACNM Division of Education. Clinical refreshers must be established with a midwife, nurse practitioner or physician currently credentialed to provide obstetric care in a health care institution. That person must be qualified to provide the reentering midwife with an appropriate assessment of current competency, and a level of instruction, supervision and evaluation that is compatible with safe practice and learning needs. The clinical setting must provide the midwife with the necessary clinical experiences to demonstrate competency.

These principles are reflected in the ACNM Reentry to Practice Program. The program has 2 components: 1) continuing education (CE), and 2) Clinical Refresher. The requirements for both CE and the Clinical Refresher are further defined in *Reentry to Practice Program Guidelines*.