North American
Registry of Midwives

Providing Certification Standards
For Certified Professional Midwives

ACCOUNTABILITY PROGRAM
Preceptor-Student Accountability Policy and Procedure

I. Overview

The North American Registry of Midwives (NARM) recognizes its responsibility to protect birthing families and the integrity and value of the Certified Professional Midwife (CPM) certification by taking an active role in evaluating allegations of misconduct by CPMs, CPM Applicants or Registered Preceptors.

NARM upholds the value of the Portfolio Evaluation Process (PEP) pathway to becoming a Certified Professional Midwife, and promotes the highest standards of midwifery education and training with the goal of ensuring equitable access to the CPM application process. NARM takes an active role in the evaluation of complaints lodged against preceptors and/or students engaged in the Portfolio Evaluation Process (PEP). A NARM Registered Preceptor is a credentialed, experienced midwife who agrees to train student midwives intending to apply for the Certified Professional Midwife (CPM) credential and who has current, approved Registered Preceptor status with NARM.

Lastly, NARM recognizes the important role MEAC accredited education programs plays in the training of CPMs by providing both didactic learning and clinical experience. The role of the preceptor is essential to the success of training new midwives through all pathways.

II. Initiating Complaints

A. Complaints must be initiated through the NARM Complaint form or by request to accountability@narm.org.
B. Complaints about a Preceptor's (CPM) conduct related to client care
    1. must be received within two (2) years of the conclusion of care, or
    2. complaints originating from a State regulatory board or quality assurance (QA) program must be received within 90 days of completion of said regulatory or QA investigation.
    3. must meet the basis for accountability case review defined in the Accountability and Appeal Policy III(A)(4-9).
C. Complaints against a Preceptor (CPM) regarding the integrity of the Portfolio Evaluation Process as defined in the Accountability and Appeal Policy III(A)(1-3) must be received within two (2) years of completion or termination of the preceptor-student agreement and include:

1. fraud or deceit in the application process
2. irregularity regarding the NARM exam
3. misrepresentation of certification or Registered Preceptor status

D. Complaints may be initiated by:
1. a midwifery client;
2. a state licensing board or regulatory body;
3. a state QA Program;
4. an individual or entity with direct knowledge of relevant facts and circumstances sufficient enough to warrant a complaint; or
5. a CPM Applicant
6. a Registered Preceptor

III. Basis for Accountability Case Review

A. Complaints lodged against a CPM or CPM applicant who is engaged in the PEP pathway must meet the criteria in the Accountability and Appeal Policy IIIA(1-9) in order to be considered for case review.

B. Complaints against a Respondent who is a CPM Applicant:
1. if the CPM Applicant is engaged in the Portfolio Evaluation Process (PEP), the complaint must include their preceptor as a Co-Respondent.
2. if the CPM Applicant is enrolled in a MEAC accredited education program, the complaint will be referred back to the educational body for internal review utilizing the Student/Preceptor Complaint Referral form

C. NARM will not address complaints:
1. without sufficient information including the name of client, a description of the event, and dates of service and identification of the applicable complaint category described in IIIA (1-9) of NARM's Accountability Policies and Procedures.
2. that do not indicate a violation of midwifery practice standards, student work agreements, or irregularities in the application process
3. NARM does not mediate financial disputes outside of those that represent a direct violation of the student work agreement

IV. MEAC Accredited Program Preceptor-Student Complaints

A. Complaints filed against a student (CPM Applicant)
1. NARM Accountability staff will evaluate the complaint and confirm the student is enrolled in a MEAC Program
2. NARM Accountability staff will notify the MEAC Program of the complaint utilizing the Student/Preceptor Complaint Referral form
3. the Complainant will be notified that the complaint has been forwarded to the MEAC Program in which the student is enrolled for review.

B. Complaints filed against a Registered Preceptor
1. NARM Accountability staff will evaluate the complaint to determine if it meets the criteria for complaints against a CPM as outlined in the Accountability Program Policies and Procedures

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a) NARM Accountability staff will review allegations about misconduct by a Registered Preceptor as it relates to the provision of client care
b) complaints relating to the Student/Preceptor relationship will be forwarded to the MEAC Program in which the student is enrolled utilizing the Student/Preceptor Complaint Referral form

2. The Complainant will be notified that the complaint has been forwarded to the MEAC Program in which the student is enrolled for review.

V. Portfolio Evaluation Process (PEP) Preceptor-Student Complaints

A. Complaints filed against a student (CPM Applicant)
1. complaints must include the Registered Preceptor as a Co-Respondent
2. NARM Accountability staff will evaluate the complaint and confirm the student is engaged in the PEP route to certification
3. identity of the complainant shall not be disclosed to the Respondent at any point in the accountability process, including at completion of Accountability Case Review or appeal.
4. identity of the Complainant **will** be disclosed to the Respondent if the complainant is also a Preceptor filing a complaint against a CPM Applicant
5. NARM Accountability staff will evaluate the complaint and determine if it meets criteria for a complaint outlined in the Accountability Program Policies and Procedures IIIA (1-9).
    a) if the complaint involves a dispute over the student application or adherence to the student-preceptor agreement, or other irregularities as defined by the Accountability and Appeal Policy III(A)(1-3), the complaint about the CPM Applicant (and co-respondent) will be escalated to an Application Review Panel as part of the Accountability process
        (1) NARM Accountability staff will inform the Complainant that the complaint has been escalated
        (2) NARM Accountability staff will inform the Applicant and their Preceptor that a complaint has been filed against their application
    b) if the complaint meets criteria for review outlined in the Accountability and Appeal Policy III(A)(4-9) NARM Accountability staff will open a case to investigate the allegations made against the CPM applicant and by default the Preceptor
6. NARM Accountability staff will inform the Complainant of the outcome of the case review.
7. NARM Accountability staff will inform the Applicant and their Preceptor of the outcome of the case review.

B. Complaints filed against a Registered Preceptor

1. NARM Accountability staff will evaluate the complaint and confirm the student is engaged in the PEP route to certification
2. NARM Accountability staff will evaluate the complaint to determine if it meets the criteria for complaints against a Registered Preceptor as outlined in the Accountability and Appeal Policy and Procedures
    a) complaints alleging fraud or deceit as defined in the Accountability and Appeal Policy and Procedures IIIA (1-3) in the application process will be escalated to an Applications Review Panel as part of the Accountability process.
    b) NARM Accountability Program will conduct a Case Review if the allegations against the Registered Preceptor meet the criteria for complaints in the Accountability Policy III (A)(4-9).
3. NARM Accountability will consider complaints alleging a breach of the written Preceptor-Student work plan agreements.

VI. Basis for Preceptor Accountability Review

A. Complaints lodged against a preceptor that do not meet the criteria in the NARM Accountability and Appeal Policy IIIA (1-9) but allege refusal to sign forms as described in III B and C of this policy will be escalated to the Applications Review Panel
B. The NARM Candidate Information Bulletin (CIB) (pg 13, item 6) states that the "determination of 'adequate performance' of the skill (or experience) is at the discretion of the preceptor" and that "the preceptor makes the final determination"
C. NARM will not mediate complaints lodged against a preceptor regarding signatures/initials documenting prenatal, birth, postpartum or newborn experiences or documenting skill attainment.
D. The Forms 111a, 111b, 111c, 111d, 111e, 112a, 112b, 112c, 112d, 112e, 200, 201 will be signed only at the discretion of the preceptor
E. The NARM CIB (pg 13) states "Preceptors who sign clinicals but refuse to complete the Final Verification Form without a justifiable reason, risk revocation of their preceptor status"
    1. each preceptor who has initialed Forms 111a-d must be listed on Form 111f "List of Registered Preceptors for Birth Experience" and must individually complete form 111g "Verification of Birth Experience"
    2. NARM will address complaints alleging a preceptor refuses to sign 111f
    3. NARM will address complaints alleging a preceptor refuses to complete and sign form 111g
    4. each preceptor who has initialed Forms 112a-f must be listed on 112g "List of Registered Preceptors for Birth Experience" and 112h "Verification of Birth Experience"
        a) NARM will address complaints alleging a preceptor refuses to sign 112g
        b) NARM will address complaints alleging a preceptor refuses to complete and sign form 112h

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VII. Refusal to sign Verification Forms

A. All Verification forms are intended to guard against fraud and forgery. By signing said forms the preceptor is simply confirming that they did, in fact, initial the experience and skills forms 111a-d and 112a-f on a previous date. The signature does not represent the preceptor's endorsement of student readiness to advance.

B. Justifications for refusal to sign Verification forms as identified above are:
   1. the preceptor was not a registered preceptor at the time of the clinical experiences
   2. the preceptor has not read the CIB or Preceptor Handbook
   3. not having been present in the room at the time of the clinical experience in question
   4. not having initialed the item in question

C. Reasons for refusal to sign Verification forms that NARM does not consider justifiable are:
   1. after signing the skill or experience
      a) the student has been dismissed from the practice for an identified infraction and the preceptor has concerns about the student's readiness
      b) the student has not fulfilled the preceptor's requirements
      c) the Preceptor is concerned about the student's overall readiness for practice
      d) the student left the practice as the result of a falling out.

VIII. Possible Outcomes of Preceptor-Student Accountability Review

A. The Applications Review Panel may render any one or a combination of the following decisions deemed applicable to the complaint and the findings of the review if the complaint, having been escalated from Accountability, pertains to irregularities in the application or testing process, or the signed student agreement
   1. exoneration of the preceptor and/or student
   2. revocation or suspension the CPM preceptor status
   3. impose corrective actions on the preceptor
   4. deny the student application or prohibit testing

B. The Accountability Review Committee (ARC) may render any one or a combination of the following decisions deemed appropriate under the circumstances if the complaint pertains to criteria in Accountability and Appeal Policy III(A)(4-9)
   1. exoneration of the preceptor and/or student
   2. revocation or suspension of the Registered Preceptor status
   3. impose corrective actions
   4. flag for audit a student application

IX. Appeals

A. Respondent may submit an appeal of an Accountability review decision to the

Accountability Program

1. requests for appeal must be initiated by contacting NARM at accountability@narm.org.
2. requests for appeal must be received by the NARM Accountability Program within thirty (30) days of receipt of an Accountability review decision.

B. Requests for appeal will be considered by the ARC or Applications Review Panel as indicated with the approval of the Executive Director
C. An appeal may be granted if:
    1. the Respondent provides additional material facts and/or circumstances that were not available during the Accountability deliberations
    2. if the ARC or the Applications Review Panel made a material error in its deliberations or decision.
D. Failure of the Respondent to present material facts and/or circumstances in the Accountability Review Process that were knowingly available to the Respondent at the time shall not serve as the basis of an appeal.
E. NARM Accountability staff will notify Respondent of decision to grant or deny request for appeal
    1. notification will be provided within thirty (30) days of request for appeal
    2. notification will be issued via certified mail
F. Appeal reviews will be conducted by the Executive Director and ARC or Applications Review Panel as indicated
    1. the ARC will be comprised of the Case Coordinator, AccountabilityAdministrator, and three (3) newly identified case reviewers
    2. the Accountability Case Reviewers will be appointed by the Accountability Case Coordinator and confirmed to have no prior knowledge of the case and no prior relationship to the Respondent, Complainant or Client
G. All findings made by the Appeal committee are to be considered final.
H. The NARM Appeal Procedure may be requested by contacting NARM at accountability@narm.org.

Glossary of Terms Used in Policy

Accountability Program: Two staff members. An Accountability Case Coordinator and Accountability Administrator. The program receives complaints against a CPM or CPM applicant (Respondent), implements the Accountability Case Review Policy and Process, coordinates with the Executive Director to align policy across NARM programs. Participates in data collection pertaining to complaints and case reviews for the purpose of quality improvement.

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Accountability Review Committee (ARC): Accountability Case Coordinator, and Accountability Administrator, and three (3) volunteer Case Reviewers. Responsible for reviewing charts and other documentation pertaining to a complaint filed with the Accountability Program (AP) against a CPM (Respondent), conducting interviews with the Respondent and other individuals with direct knowledge of the case, and making determinations regarding violations of midwifery standards and issuing sanctions when indicated.

Applications Review Panel: From both the Accountability Program and the Applications Program, 3-5 staff members will review allegations or instances of possible fraudulent applications. Responsible for documentation pertaining to a complaint filed with the Accountability Program (AP) against a CPM Applicant (Respondent) or Registered Preceptor (Co-Respondent), conducting interviews with the Respondents and other individuals with direct knowledge of the case and making determinations regarding violations of NARM policies and procedures as laid out in the CIB and other documents.

Case Review: The process engaging the Accountability Review Committee (ARC) in the review of a complaint filed against a CPM (Respondent), all records pertaining to the event in question, and interview of the Respondent for the purpose of determining if violations of midwifery standards occurred.

Complainant: An individual who files a formal complaint with NARM Accountability Program (AP) regarding the conduct of a CPM. As per Accountability Policy a complainant may be a client, state licensing board or regulatory body, a state QA program or an individual or entity with direct knowledge of relevant facts and circumstances sufficient enough to warrant a complaint

Complaint: A formal complaint filed against a CPM alleging misconduct as outlined in the AP Policy. Complaints must be formally filed with the Accountability Program using the standard complaint form available on the NARM website or by request in paper format.

Revocation: Immediate and permanent removal of the CPM credential. A midwife will no longer be allowed to identify as a Certified Professional Midwife in any capacity. Revocation notices will be made public on NARM Accountability website. When applicable, states utilizing the CPM credential for regulatory purposes will be notified of the revocation.

MEAC: Midwifery Education Accreditation Council

Registered Preceptor Status: A NARM Registered Preceptor is a credentialed, experienced midwife who agrees to train student midwives intending to apply for the Certified Professional Midwife (CPM) credential and who has current, approved Registered Preceptor status with NARM.

Respondent: A CPM or a CPM applicant (student) who has had a complaint filed against them and is now in the process of investigation by NARM Accountability Program (AP).

Revocation: Immediate and permanent removal of the CPM credential. A midwife will no longer be allowed to identify as a Certified Professional Midwife in any capacity. Revocation notices will be made

public on NARM Accountability website. When applicable, states utilizing the CPM credential for regulatory purposes will be notified of the revocation.

Suspension: temporary suspension of the CPM credential for a determined period of time, and whose reinstatement is contingent upon completion of prescribed remediation efforts.

Unprofessional Conduct: Actions or omissions that compromise client safety, quality of care or professional integrity. Examples include: failure to collaborate with other health professionals when client safety/well-being may be compromised; misrepresentation of a drug, procedure, substance, device, supplement in a manner inconsistent with widely accepted standards; falsification of vaccination or other health records.

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