

# NARM's 2025 Annual Report

## Executive Director's Introduction

Each year, NARM publishes this report as part of our ongoing commitment to transparency in our key programmatic and operational areas, including testing, test development, eligibility, and accountability, as well as governance. This document draws from the compliance report we submit annually to our accrediting body, the National Commission for Certifying Agencies (NCCA).

2025 marked the completion of the governance transition that began the year before. In January, NARM formed an ad hoc Nominating Committee to build a slate of candidates for a board of directors elected by NARM's own membership, rather than a board that perpetuates itself. That same period, we launched an Online Community Center, giving provisional members, CPMs, applicants, and allied community members alike, a way to register, vote, and stay connected to NARM's work. In July, we shared the findings of an external analysis, informed by listening sessions and community feedback, with our broader community to help guide our priorities going forward. By December, NARM's membership had elected its first board of directors under this new structure: six CPMs, two students, and one public member, completing the shift from a self-perpetuating board to one chosen directly by the community it serves.

Alongside this governance work, NARM continued to strengthen its accountability process. In January, we implemented fully revised Accountability Policies and Procedures, developed with input gathered from the community, and opened applications for a new Accountability Reviewer Pool to broaden who reviews complaints against certificants. Further revisions followed in October, along with a new Preceptor-Student Accountability Policy taking effect in January 2026.

This report reflects our continued commitment to sharing this information openly, year over year, in service of NARM's mission: maintaining a rigorous, evaluative path to CPM certification and supporting the midwives who earn it.

## Key stats



**421**

Candidates sat the certification exam, across 2 exam forms



**2,978**

Active certified professional midwives



**258**

First-time certified professional midwives in 2025



**3 yrs**

Recertification cycle

## Exam performance

NARM administered two exam forms in 2025, both measured against the same passing standard.

| Exam form            | Candidates | Pass rate |
|----------------------|------------|-----------|
| <b>343-21-A0-ENG</b> | 229        | 60%       |
| <b>343-21-B0-ENG</b> | 192        | 63%       |

- ✓ Both exam forms used the same passing standard, a scaled score of 245.
- ✓ No changes were made to exam development or administration procedures in 2025.

## Accountability and oversight

### Background

Most of the work that takes place to ensure that CPMs provide quality care falls within the category of Quality Improvement (QI). Quality Improvement includes the many ways that midwives, organizations and systems work proactively to improve care and

systems. It attempts to avoid attributing blame, taking the focus off the individual and addressing the systems level.

Quality Assurance (QA) is a demonstration of accountability and serves as the architectural foundation of our commitment to excellence within a compliance-driven framework. The NARM Accountability Program has been developed to address complaints against CPMs, CPM applicants or Registered Preceptors within a Quality Assurance framework. The Aim of the Accountability Program is to promote consistent quality midwifery care and uphold the integrity of the CPM credential by implementing a process for ensuring adherence to standards of evidence-based practice for midwifery through evaluation, feedback and corrective actions.

## Implementation

In late 2024 NARM paused all current Accountability cases to establish Policy and Procedure for addressing complaints. The Accountability Program (AP) began receiving new complaints in February and opened its first case in March of 2025, following Board approval of the January 2025 Accountability Policies and Procedures.

Complaints are evaluated against updated criteria for case review found in [The Accountability and Appeal Policy](#). The Policy expanded the scope of complainant beyond the client/patient themselves as a mechanism for protecting vulnerable individuals, overcoming client/patient barriers to filing a complaint when warranted, upholding public safety and identifying systemic issues.

## Accountability Complaints and Case Reviews

### Certificant complaints

|                                                                                                                                                                      |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| Complaints paused in 2024 and carried over to 2025                                                                                                                   | 7  |
| Complaints received in 2025                                                                                                                                          |    |
| <ul style="list-style-type: none"> <li>21 of these did not meet the criteria for a case review and were dismissed</li> <li>20 cases were reviewed in 2025</li> </ul> | 57 |
| Cases closed with corrective actions/sanctions                                                                                                                       | 10 |
| Cases nearing completion at close of year                                                                                                                            | 10 |
| Case closed exonerated                                                                                                                                               | 1  |

## Accountability Peer Case Reviewer Pool

At close of 2025 the AP onboarded two cohorts of volunteer Peer Case Reviewers.

- ✓ 16 peer reviewers onboarded
- ✓ Completion of a 4 hour training
- ✓ Honoraria granted for service at close of year

Peer Case Reviewers are assigned to cases in an ordered fashion and attest to having no prior knowledge of the case, CPM, complainant or client prior to receiving access to the case file.

## Summary

- ✓ New policy and process implementation required a slower approach to reviews with careful consultation with legal counsel to ensure adherence to policies and due process.

## Governance and Compliance

NARM's board restructured its own oversight in 2025.

- ✓ NARM created standing committees and changed board composition in 2025, reported to NCCA in May.
- ✓ NARM amended its bylaws in 2025, also reported in May.
- ✓ No adverse legal judgments related to NARM's certification programs were reported in 2025.

## Finance

NARM conducted a comprehensive review of all financial policies and procedures as well as all GAAP compliance standards in 2024 and spent 2025 converting to new systems including a tech stack that includes automated invoicing, payroll, compliance and reporting functionality.

|                               |                |
|-------------------------------|----------------|
| <b>Total for Revenue</b>      | \$793,687.48   |
| <b>Total for Expenditures</b> | \$1,257,979.18 |
| <b>Net Operating Revenue</b>  | -\$464,291.70  |

The NARM board approved a budget and Strategic Plan in October of 2025 that recognized the increased spending from the budget approved in 2024. This spending was incrementally approved by the board to help improve operational infrastructure and organizational stability. The new budget is intended to be reviewed and reapproved by the incoming board of directors by June of 2026. NARM expects to begin a capital campaign in the fall of 2026 to increase its investment in infrastructure and capacity for its expected 7-10% growth per year.