

1501
time! i te

Tatata mai ana
I roto i tana puka
He kuaka mara
Kotahi te manu
I tau ki te tahun
Tau atu, tau atu

ANNUAL REPORT OF THE MIDWIFERY COUNCIL OF NEW ZEALAND



Te Tatau o te Whare Kahu
midwifery council
of new zealand

TO MINISTER OF HEALTH
FOR THE YEAR ENDED 31 MARCH 2011



MEMBERS OF THE MIDWIFERY COUNCIL OF NEW ZEALAND 2010/11

From left: Marion Hunter, Dr Lee Mathias, Andrea Vincent, Annette Black, Dr Judith McAra Couper, Sharron Cole, Sue Bree, Korina Vaughn, Dr Sally Pairman

Cover: Painting of Dame Whina Cooper by artist Suzy Pennington

Dame Whina, awarded the title of Te Whaea o te Motu (Mother of the Nation) by the Māori Women's Welfare League, holds a special place in New Zealand history as a founder of the League and because of her long life devoted to the service of her people and to the wellbeing of women and children. She particularly stressed the value of primary health and the importance of good midwifery services being available to Māori women and their whanau. The whakataui (Māori proverb) on the painting is the chant "ruia, ruia" from the Muriwhenua iwi of the Far North and symbolises inspiration, challenge and hope. The painting has hung in the Council's office since its opening in February 2007.



Te Tatau o te Whare Kahu
midwifery council
of new zealand

ANNUAL REPORT OF THE
MIDWIFERY COUNCIL OF NEW ZEALAND
TO THE MINISTER OF HEALTH
For the year to 31 March 2011

REPORT TO THE MINISTER OF HEALTH

Pursuant to s 134 of the Health Practitioners Competence Assurance Act 2003



INTRODUCTION

Council's mission:

- › To protect the health and safety of women and babies experiencing midwifery care in New Zealand
- › To establish, protect and strengthen a regulatory framework that embodies the philosophy and standards of the midwifery profession
- › To set and maintain high standards of midwifery practice in New Zealand

Council values:

- › The partnership between women/wahine and midwives/wahine whakawhanau
- › Partnership with Tangata Whenua
- › Respect for diversity
- › Integrity and fairness
- › Transparent, credible and accountable decision making
- › Collegiality and collaboration
- › Reflection and ongoing learning
- › Social, economic and ecological sustainability



Strategic Planning

In 2009, the Council identified its strategic direction, goals and work plan for the period 2009 to 2011. The five strategic principles and their goals are:

1. **A capable midwifery workforce.**

Goals:

- a) Ensure midwives are fit to practise (effective communicators, honest, act with integrity, healthy, ethical)
- b) Increase professionalism amongst midwives and ensure that midwives continue to demonstrate competence and accountability

2. **Appropriate midwifery education.**

Goals:

- a) Approve, implement, monitor and audit pre-registration midwifery education
- b) Promote, approve and monitor post-graduate and post-registration midwifery education

3. **Sustainable midwifery workforce**

Goals:

- a) Work with other stakeholders to ensure there is a sufficient and appropriately educated midwifery workforce to meet maternity service demands
- b) Work with other stakeholders to ensure that the maternity service environment attracts and retains midwives

4. **Sustainable Midwifery Council and Secretariat**

Goals:

- a) Reduce our carbon footprint
- B) Provide cost effective, efficient and sustainable regulatory functions

5. **Accountability to public and stakeholders**

Goals:

- a) Develop policy and processes in a transparent and consultative manner
- b) Share relevant information with stakeholders



Functions

The functions of the Council are defined by the Health Practitioners Competence Assurance Act 2003 ("the Act").

The Council must:

- › Define the Midwifery Scope(s) of Practice and prescribe the qualifications required of registered midwives
- › Accredite and monitor midwifery educational institutions and programmes
- › Maintain a public Register of midwives who have the required qualifications and are competent and fit to practise
- › Issue practising certificates to midwives who maintain their competence
- › Establish programmes to assess and promote midwives' ongoing competence
- › Deal with complaints and concerns about midwives' conduct, competence and health
- › Set the midwifery profession's standards for clinical and cultural competence and ethical conduct
- › Promote education and training in midwifery
- › Promote public awareness of the Council's responsibilities



GOVERNANCE

Chairperson's Foreword

Tēnā Koutou Katoa.

Kia Kotahi Kī. He whakataukī e tohu ana kia u tātou i roto i te whakaaro kotahi.

This report records the main activities of the Midwifery Council between 1 April 2010 and 31 March 2011. It is a year that has seen significant changes in personnel in both the Council and the secretariat. It has also been a year of consolidation and further development with a particular focus on pre-registration midwifery education, competence programmes for overseas midwives and quality processes within the recertification programme.

The Secretariat and the Council

The Council was sorry to receive CEO Susan Yorke's resignation in August 2010. Susan was appointed as the first Registrar of the Council in May 2004, only a few short months after the inaugural Council first met in February 2004. Susan played an important part in assisting the new Council to develop the policy and processes through which to carry out its regulatory functions. When the Council made the decision to establish its own secretariat from February 2007, Susan led the transition from Registration Boards Secretariat with an attention to detail that ensured smooth continuity of service for the Council. The Council appointed Susan as the inaugural CEO of the Midwifery Council Secretariat, a role she carried out with dedication and professionalism. Susan finished work in October 2010 after more than six years with the Council and I wish to acknowledge the important role Susan played in bringing the Midwifery Council to the strong regulatory authority it is today.

The Council advertised the position of CEO/Registrar and was fortunate to receive an application from Sharron Cole, one of the inaugural members of the Council, whose term was due to end in December 2010. Sharron's seven years' experience as the deputy Chair and the Chair of the Professional Conduct Committee means that she holds important institutional memory about the development of the Council and its policies and processes. This will be of huge benefit to future Councils as membership is now changing more regularly. Sharron took up the role in December 2010 and has already implemented a number of efficiencies to the running of the Secretariat and improvements to the communication processes of the Council.

There were other changes to Council membership during the year. Sue Bree, an inaugural member, ended her third term in September 2010 after almost seven years of service to the Council. Sue made a significant contribution to the Council's decisions and development with her strong midwifery practice base and years of experience as a practitioner. Sue chaired the Health Committee and Registration Committee and also undertook a number of competence reviews for the Council. She approached all her work with fairness, transparency and integrity that helped to strengthen Council decisions and activities.

I thank Susan, Sue and Sharron for all their work on the Council. Each of them has made a major contribution to ensuring the development of an effective midwifery regulatory authority to work in the interests of mothers and babies.



Sue Bree was replaced by Marion Hunter in October 2010. As a practising midwife and a part-time midwifery educator Marion also brings important expertise to the Council. At the time of writing this report no appointment had been made of a lay member to fill the vacancy left by Sharron Cole. However, in November Judith McAra-Couper was elected by Council to the position of deputy Chair.

Pre-registration midwifery education

The 2010 – 2011 year has seen further implementation of the Council's new education standards, adopted in 2007. New four-year undergraduate degree programmes commenced at Waikato Institution of Technology (Wintec) and Auckland University of Technology (AUT). Following the commencement of the four-year degrees at Christchurch Polytechnic Institute of Technology (CPIT) and Otago Polytechnic in 2009 all undergraduate education programmes now meet the Council's 2007 education standards. Graduates from these programmes will have completed an additional 1200 hours of midwifery education (mainly through midwifery practice experiences), facilitated 40 births, undertaken 100 antenatal, 100 postnatal and 100 newborn assessments, worked in primary, secondary and tertiary maternity facilities as well as the community and gained significant experience and understanding of the integrated maternity service. Graduates from these longer programmes will have gained more 'hands on' experience and will enter the workforce with not only competence but also more confidence. As they transition to practise as registered midwives, these graduates will continue to benefit from close support from experienced midwives during the Midwifery First Year of Practice programme.

The new standards require schools of midwifery to make programmes accessible to students living in rural and provincial New Zealand as well as the main centres and the Council is very pleased to hear reports from all schools that midwifery student numbers have increased in all regions. The new programmes are also attracting higher numbers of Māori students. The four-year degree programmes are being delivered over three calendar years so students are now gaining 'hands on' experiences across all weeks of the year instead of the previous 34-week academic year. This means students are able to maximise practice opportunities to gain the required additional experience but still enter the workforce after three calendar years. The Council is confident that the new programmes will address both workforce shortages and issues of geographic spread once the first graduates begin to enter the workforce from early 2012.

The new programmes are delivered by four tertiary institutions as in April 2010, Massey University formally advised the Council that it was ceasing to offer its Bachelor of Midwifery degree. No students were accepted in 2010 and the university anticipated that all existing students would complete their current degree by the end of the 2012 academic year. The gap left by Massey University's decision to exit undergraduate midwifery education has been filled by Otago Polytechnic which made its Bachelor of Midwifery programme available to midwifery students in Wellington, Palmerston North and Whanganui in 2010.



Overseas midwives competence programme

Following a review of the competence programme required for midwives registering from overseas, the Council implemented new requirements designed to increase access and timely completion. Overseas midwives are now required to complete courses in newborn assessment, New Zealand maternity and midwifery systems, cultural competence, prescribing and pharmacology and the Treaty of Waitangi. All courses, except the Treaty workshop, are available online and the newborn assessment course also requires demonstration of clinical competence.

Recertification programme

During the year the Council contracted an external review and evaluation of two key aspects of its Recertification programme; Midwifery Standards Review and the Technical Skills Workshops. These reviews identified that both are high quality components of the Recertification programme that are managed effectively and contribute to the maintenance of midwifery competence within the profession. New content for Technical Skills Workshops from 2011 – 2014 was approved and once again designed to focus midwives on practising emergency skills they need infrequently as well as topical issues.

Coroner's Inquest

In February I provided evidence at a Coroner's Inquest in Hamilton. While not providing evidence or comment on the specific case under examination, my role was to assist the coroner on matters relating to midwifery education and regulation. This was the first time the Midwifery Council participated in a coronial inquiry.

It has been another busy year for the Council and I want to thank Council members, many of whom are relatively new to the role, for their hard work and dedication. It has been a pleasure to work with them all. The Council is very well supported in its work by the staff in the secretariat. Thank you to both our CEO/Registrars this year, Susan Yorke and Sharron Cole, and to our very able and committed staff. Thank you also to the lay persons and midwives who make up the Professional Conduct Committees and the many midwives who make up the Competence Review Panels, help develop the examination question bank, provide supervision to midwives under competence programmes, conduct audits and provide advice to Council. It is everyone's hard work that contributes to the high quality midwifery services we enjoy in New Zealand.

Na reira tenei te mihi kia koutou katoa.

Kia kaha kia maia kia manawanui.

Na Sally.

Sally Pairman
Chairperson



Members of the Midwifery Council at 31 March 2011

As at 31 March 2011 the members of the Midwifery Council are:



Dr Sally Pairman, MNZM, D.Mid, MA, BA, RM, RGON, Chair

Sally Pairman is a midwifery educator working at Otago Polytechnic in two main roles; as the Head of School of Midwifery and as the Health and Community Group Manager (with responsibility for the Schools of Foundation Learning, Midwifery, Nursing, Occupational Therapy and Social Services). Sally has long been involved in the development of the midwifery profession in New Zealand having served terms as President of the New Zealand College of Midwives, Education Consultant to the College and as Deputy Chair of the Nursing Council of New Zealand, a role in which she was also Convenor of the Education Committee. In her academic role, Sally has published widely including 'Midwifery Partnership: a model for practice' (co-written with Karen Guilliland) and 'Midwifery: preparation for practice' (co-editor and author). Sally is a co-chair of the Regulation Standing Committee for the International Confederation of Midwives (ICM) and from 2008 – 2011, she led a taskforce that developed global standards for midwifery regulation that were adopted by the ICM in 2001. Sally has been elected Chair of Council each year since its inception. She was re-appointed in February 2010 for a third term which is due to end mid-2011. Sally was awarded membership of the NZ Order of Merit for services to midwifery in the 2008 Queens Birthday Honours. Sally lives in Dunedin with her husband and two sons.



Dr Judith McAra Couper PhD, BA, RM, RGON

Judith McAra Couper has worked as a midwife both in New Zealand and overseas. Judith is a midwifery lecturer at Auckland University of Technology. She teaches in the midwifery programme and until recently, held a joint appointment at Counties Manukau as a clinical midwifery educator in the birthing unit. In 2009, Judith was awarded a post doctoral scholarship which she took up in 2010, focusing on midwifery and women's health research. Judith has also been involved since 2009 with the World Health Organisation in Bangladesh. She is also the chairperson of the Auckland region of the New Zealand College of Midwives. Judith lives in Auckland with her partner and two cats. Judith was appointed in February 2010 for an eighteen month term.



Korina Vaughn RComp, RNZM Ngati Hako, Ngati Maru

Korina Vaughn is married with 4 children who are of Samoan and Maori descent. Korina and her family live in Huntly and her children attend a local total immersion Kura Kaupapa. Korina completed her Registered Comprehensive Nurse training in 1992. She then worked as a Practice Nurse at Waahi Marae in Huntly for two years. In 1994 she began her midwifery training and in 1995 registered as a Midwife. Korina has worked in a variety of clinical midwifery settings but predominantly as a self employed midwife in Huntly and the surrounding districts. Korina is currently employed as the Clinical Manager of Birthcare Huntly and she continues to carry a small caseload to maintain midwifery competencies. Her term began in September 2009 and ends in September 2012.



Dr Lee Mathias DHSc, MBA, BA, RGON

Dr Lee Mathias is an experienced director and manager in health services including time as the Principal Nurse at Middlemore Hospital and GM Strategic Planning for Auckland Healthcare. Lee was the founding director of Birthcare, NZ's largest provider of primary maternity services to the public sector. Lee has a BA (Soc.Sci.) from Massey University and an MBA from University of Auckland. Her doctoral subject was decision-making in governance in NZ public healthcare services. Dr Mathias has directorships in diagnostic, maternity and disability enterprises. She is an accredited Fellow of the IODNZ. Lee was appointed for a three year term in September 2009.



Annette Black MA, Did Ed Stud, Dip Tchg, MBA

Annette Black was appointed a lay member for a three year term in October 2009. She began her career as a history teacher in secondary schools in Wellington, Invercargill and Tawa before joining the New Zealand Law Society as its Director of Education in 1983. In 1987, she was appointed Deputy Executive Director and held both positions concurrently until her retirement in 2005. Since then, she has continued to work with the Society as a consultant. She assisted with the implementation of the Lawyers and Conveyancers Act which came into force on 1 August 2008 and is currently working on a competency assurance scheme for lawyers. She is a Trustee of the NZ Law Foundation and of the Douglas Wilson Scholarship Trust, and is a Director of New Zealand Continuing Legal Education Ltd. She lives in Wellington and is married with two adult children and four grandchildren.



Andrea Vincent RGON, RM

Andrea has worked as a midwife in a variety of settings in New Zealand and overseas. She has worked as a self-employed case-loading midwife in Nelson since 1993, covering rural and urban areas, home and hospital births. She is currently chairperson of the Nelson- Marlborough region of the New Zealand College of Midwives. Andrea lives in semi-rural Nelson, with her husband and two teenage children. Her term began in February 2010 and will end in February 2013.



Marion Hunter

Marion was appointed to the Midwifery Council in August 2010 for a three year term. She is a Senior Midwifery Lecturer at Auckland University of Technology and for the past six years, she has maintained a small LMC caseload in a rural/ remote rural area. Her previous experience includes tertiary and rural hospital midwifery including a clinical midwife specialist position at Counties Manukau DHB. Marion is currently a Director of the PHARMAC Seminar Series and has served on Ministry of Health committees in relation to prescribing in New Zealand. She was approved by NZCOM as an expert advisor and has undertaken various reviews in relation to maternity services and midwifery practice. Marion's MA thesis was about intrapartum midwifery care and place of birth. She has published on this topic alongside two co-authored chapters in Midwifery: preparation for practice.



Fees for Council members and appointees

The fees paid to Council members remained at the level of the previous year. Current fees are:

- > Agreed specific tasks and teleconference meetings \$80 per hour
- > Meetings - Chair \$650 per day
- > Meetings - Members \$450 per day
- > Meeting preparation time – four hours at \$50 per hour

Remuneration* received by each member for attendance at Council meetings and Annual Fora

	< \$4000	\$4,001 to \$10,000	\$10,001 to \$18,000
S Pairman (Chairperson)			x
S Cole (Dep Chairperson) ¹		x	
S Bree ²		x	
L Mathias			x
A Black			x
K Vaughn			x
J McAra Couper			x
A Vincent			x
M Hunter ³			x

*gross income – includes resident withholding tax.

¹ until November

² until September

³ from August

Council meetings

During the last financial year, the Council held seven two and four one day meetings. Generally committee work was also dealt with during those times.

Committee structure

During the year changes to committee membership reflected the changes of Council members. At 31 March 2011 the Committees and their members are:

Registration Committee

Marion Hunter, Lee Mathias, Korina Vaughn and Andrea Vincent.



Education and Audit Committee

Sally Pairman, Annette Black and Judith McAra-Couper

Examination Committee

Marion Hunter, Judith McAra Couper, Korina Vaughn, Andrea Vincent and Sally Pairman (Sally Pairman and Marion Hunter are post-examination only).

Health Committee

Marion Hunter, Lee Mathias, Korina Vaughn and Andrea Vincent.

(This committee has fully delegated decision making power to facilitate prompt action when required)

Finance Committee

Sally Pairman, Annette Black, Judith McAra-Couper and Lee Mathias (with the Chief Executive)

Sorting Committee

The "Sorting Committee" was established to better manage the work load of addressing matters relating to midwives' competence and conduct. This Committee analyses all new cases as they come in and has delegated authority to request an initial response from the midwife before tabling the matter before a full Council meeting. Members at 31 March 2011 were Sally Pairman, Marion Hunter, Judith McAra Couper, Korina Vaughn and Andrea Vincent.

Council Education

In late 2010, almost all members of the Council attended the Buddle Finlay Registration Authorities Group Professional Education Programme on the HPCAA. The three days covered Good Decision-making, Registration and Practising Certificates, Competence and Health and Conduct and were designed to develop members' existing skills and build new competencies to become more effective in their role and help them develop greater confidence in dealing with difficult issues in a fair and lawful manner.



SECRETARIAT

Chief Executive's review 10/11

The past year has seen some significant change in staff and Council personnel, consolidation and further development in IT and office systems, and a number of projects which have provided the Council with a good analysis of its work and processes.

Personnel changes

In October, Susan Yorke who was appointed as Registrar of the new Council in April 2004 and the first CEO/Registrar in early 2007, moved on to a new position at the Medical Council. The Council was very fortunate to have had Susan for six years and benefited hugely from her organisational, legal and interpersonal skills and knowledge. Since November, I have been in the position of CEO/Registrar, with the transition being greatly aided by my having been a foundation Council member for seven years and working in the maternity sector for almost thirty years.

After a year in the position of Office Administrator, Georgia Duke returned to university in February to study law. Her position has been filled by Christine Whaanga.

Strategic Principles and Goals

All the work of the secretariat is aimed at meeting the goals identified in the 2009 – 11 Strategic Plan. In addition to the ongoing administrative work, the Council has undertaken four major additional projects.

1. IT DEVELOPMENT

Stage 1 of the IT development was completed, with the upgraded, more functional website going live in July. Stage 2 planning moved beyond the conceptual stage into more detailed planning and it is expected that by the 2011/12 year, midwives will apply for their annual practising certificates online. The first monthly electronic newsletter eMidpoint was sent out to midwives and stakeholders in February, allowing the Council to communicate with midwives in a timely way.

Another benefit of the more sophisticated IT system is that it has allowed the secretariat to move from manual, time consuming monitoring of midwives' participation in the Recertification Programme to targeted, electronic sweeps. As it is through the Recertification programme that midwives demonstrate their competence to practise, it is extremely important that the Council has a sustainable and reliable way to monitor participation.

2. MSR REVIEW

Since 2005, the Council has included Midwifery Standards Review, the NZ College of Midwives professional review process in the Recertification Programme. In 2010, the Council contracted an external reviewer to carry out an "evaluation outcome" review to both improve its knowledge of the MSR process and to evaluate its processes. The audit found that "the MSR process is sound, well-constructed and based on solid principles."

3. TSW AUDIT

The two day Technical Skills Workshops are a compulsory part of the Recertification Programme and the Council has always wanted to reassure itself that whoever the provider, the workshops are high quality and offer consistent and current knowledge and skills that are applicable to midwifery practice. The Council contracted an external reviewer to audit every Technical Skills Workshop provider across the country. The audit found that the workshops are generally being conducted with consistency and meet the Council's requirements.

4. COMPLAINTS PROJECT

The Council is always concerned to identify any trends in complaints and notifications in order to ascertain if there may be a wider issue with particular midwifery knowledge, practice or skills. It undertook an in depth analysis of all notifications received by the Council since 2004 and found the most common areas of concern were documentation, assessment and



decision making, and identification of high risk circumstances. These concerns were taken into account when making changes to the content of the Technical Skills Workshop for the 2011-14 period.

Policy/Process Review

The Council has regular review dates for its policies and process. Those receiving a comprehensive review during the year were:

- > Recertification Programme with a review and consultation over the new three year rolling cycle beginning April 2011
- > Return to Practice. A workshop in October with educators to review essential components in the programme for midwives who have been out of practice for more than eight years
- > Competence Review policy.
- > Back up/ Practice Colleagues of Midwives who have Orders, Conditions or Restrictions on their Practice

Stakeholder engagement

The Council understands the importance of information sharing with its various

stakeholders. It is actively involved in Health Regulatory Authorities New Zealand (HRANZ) at both operational and governance level. The Council takes every opportunity to attend maternity or health-workforce related events.

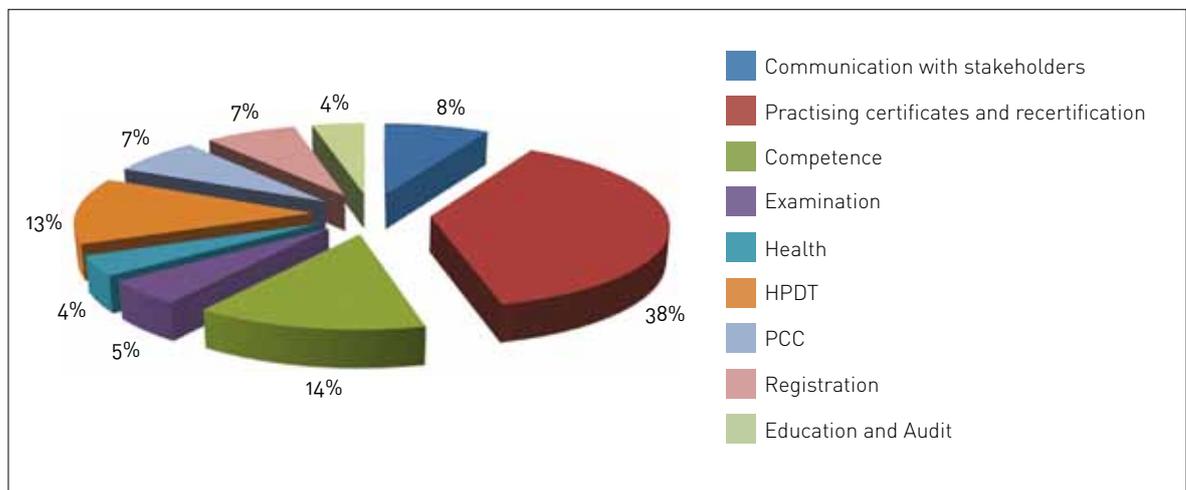
Council/staff

The Council membership has now had almost 100% turnover and having new members presents challenges to the secretariat staff as needs and expectations change. The good relationships and respect between Council and staff however remain strong. The staff turnover is low which is a sign they feel valued in their work. Each of them is knowledgeable about how the HPCAA applies to midwifery and manages several areas of responsibility, allowing the staff numbers to remain small and economical.

My thanks to all Council and staff members for their hard work and commitment to midwifery regulation.

Sharron Cole
Chief Executive and Registrar

Table 1 Summary of expenditure – 2010 to 2011





REGISTRATION OF, AND PRACTISING CERTIFICATES FOR, MIDWIVES

Scopes of practice

The Council has the responsibility to:

- › specify the midwifery scope of practice

Following an amendment made to s 2.2 of the qualifications in order to clarify the Council's right to require a national examination, the Midwifery Scope of Practice and qualifications were republished in the Gazette Notice, 17 May, 2010.

Accreditation

The Council has the responsibility to:

- › accredit and monitor the institutions offering the pre-registration Midwifery programme
- › set standards for the Midwifery pre-registration programme

Pre-registration education

This year, the newly approved four year Bachelor of Midwifery programmes are being delivered at Auckland University of Technology (AUT), Waikato Institute of Technology (WINTeC), Christchurch Polytechnic Institute of Technology (CPIT) and Otago Polytechnic (OP). All schools of midwifery are delivering the four year programme over three extended academic years in order to maximise opportunities for midwifery practice experiences and to enable graduates to enter the workforce as soon as possible. As required by the Council's 2007 pre-registration midwifery education standards, each student now gains the following experience:

- › 4800 hours of theory and practice (increased from 3600) = 4 academic years
- › Minimum 2400 practice hours (increase of 900 hours) and 1920 theory hours (increase of 300 hours) (remaining 480 hours may be practice or theory or both)
- › Specific placements in secondary and tertiary maternity facilities, neonatal intensive care units, primary maternity facilities, community primary health services and with case load midwives
- › 1280 hours of supervised midwifery practice in the final year
- › Minimum of 40 facilitated normal births (increased from 30); 40 complicated births; 100 each of antenatal, postnatal and newborn assessments; 25 women followed through pregnancy, labour, birth and the postnatal period. No more than two placements with the same midwife
- › All students must complete in 4 academic years or seek continuance from the Midwifery Council

In the new programmes, formal satellites have been established across New Zealand, enabling students to remain in their communities for much of their midwifery programme and travelling only for essential experiences unavailable locally. Off-site student learning has been made possible by new technologies such as Elluminate, videoconferencing, Skype and online learning formats which enable connection between students and staff. This flexible model of programme delivery will help to address midwifery workforce shortages, particularly in provincial and rural New Zealand. It has already led to an increase



in student numbers across all programmes and it is pleasing to note that Māori student numbers have increased. Schools project graduate numbers for 2011 at 184 (an increase from 120 in 2010). From 2012, graduate numbers are projected to stabilise between 195 – 220.

The increase in the total hours from 3600 to 4800 in the programme had led to anecdotal reporting by midwives of:

- › Significantly more practical experience within programme
- › Increased proficiency with practical skills
- › Earlier integration of theory and practice
- › Increased confidence in final year students
- › Perception of earlier 'readiness' for practice

The first graduates will complete the new programmes from Otago Polytechnic and CPIT in 2011 and enter the workforce in 2012. Old programmes are being phased out and the last students from these will qualify in 2012 including those from Massey University which will no longer provide midwifery education from 2012.

Monitoring of Schools of Midwifery

In 2010 in conjunction with the New Zealand Qualifications Authority (NZQA), the Council undertook a monitoring visit of WINTEC. Andrea Gilkison and Judy Hellstrom are the joint NZQA/MCNZ monitors for the WINTEC Bachelor of Midwifery Programme. The monitors reported back to the Council and NZQA in December and the recommendations and issues arising from their report continue to be the basis of ongoing discussions between the Council and WINTEC.

Otago Polytechnic and CPIT are not required by NZQA to have a monitor. However they do have an external advisor who reports to the Schools and copies of these reports are forwarded to the Council. AUT is also self-monitoring and is due to be reviewed by Committee on University Academic Programmes (CUAP) in mid 2011, 18 months following the approval of its new programme.

Planning for the five-yearly audits of all programmes, as required by the Councils pre-registration education standards, will commence later next year.

National Midwifery Examination

A pass in the National Midwifery Examination is one of the requirements for entry to the Register of Midwives. In November 2010, 117 out of 119 candidates were successful. In March 2011, 6 out of 8 candidates attained a pass. The success rates for each School of Midwifery for 2010/11 are shown in Table 2.



Table 2: National Midwifery Examination passes

School	Numbers sitting	Numbers passed	% passed
AUT	44	42	95
WINTERC	29	29	100
Massey (PNth)	4	4	100
Massey (Wgtn)	24	22	92
CPIT	9	9	100
Otago	16	16	100

Registration

The Council has the responsibility to:

- > set standards of competence required for entry to the Register of midwives
- > assess applications and authorise registration
- > set and monitor individual competence programmes for newly registered overseas qualified midwives

The development of the registration process continued during the year, with the completion of phase 1 of the IT system development which provided for online registration, setting up the facility for online payments, allow midwives to check and amend some of their own personal details, and to upgrade the look, capability and manageability of the website including facilitating online newsletters. The next stage, to be developed in 2011, will make it possible for midwives to apply online for annual practising certificates, allow midwives to record their recertification activities as part of their personal data and also allow education providers to provide details of course participants with the data being recorded against the relevant midwife in the Register database.



Table 3: Applications for registration

	HPCAA Section	Number	Outcomes		
			Registered	Registered with conditions	Not registered
Total	15	180	129	44	7
Reasons for non-registration*					
Communication including English language requirements	16 a,b				3
Conviction by any court for 3 months or longer	16 c				-
Mental or physical condition	16 d				-
Professional disciplinary procedure in NZ or overseas, otherwise under investigation	16 e,f,g				-
Other – danger to health and safety	16 h				-

* Of the remaining four applications which were declined, three New Zealand graduates failed the National Midwifery Examination and therefore did not achieve the prescribed qualification for registration (section 15(1)(b)); One overseas applicant declined to proceed with her application

Table 4: Number of Midwives registered between 1 April 2010 and 31 March 2011 with comparisons with previous years

Type/Year	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
New Zealand graduates	103	108	109	107	126	129
Australian entitled under TTMRA*	11	7	17	11	13	7
Other overseas educated	82	69	71	60	63	37
Total	196	184	197	178	202	173

* Trans Tasman Mutual Recognition Act 1997



Table 5: Percentage of registrations between 1 April 2010 and 31 March 2011 with comparisons with previous years: New Zealand graduate compared to all overseas qualified



Midwifery First Year of Practice Programme

The Midwifery First year of Practice programme (MFYP) was implemented in 2007 and almost all new graduate midwives apply for and are accepted in to the programme. The full details of this programme may be found at www.midwife.org.nz/index.cfm/1,171,html but in essence, the framework and components of the programme are:

Programme Framework	Programme Components - Graduate	Programme Components - Mentor
Competencies for Entry to the Register of Midwives	Mentorship - minimum 32 hours required and up to 56 hours funded	Mentorship - minimum 32 hours required and up to 56 hours funded
Scope of Practice	Education and professional development - minimum of 69 hours required and up to 80 hours funded	Mentor development and support for new mentors - 24 hours
Standards of Midwifery Practice	Familiarisation (part of professional development) and feedback (part of mentoring) sessions	Mentor development and support for returning mentors - 16 hours
Midwifery Standards Review	Experiential learning - individual work setting	
	MFYP Midwifery Standards Review and MFYP Confident Midwife Profile.	



During 2010, new graduate midwives have come under the spotlight despite a lack of evidence of any systemic problems. An analysis of complaints received by the Council and of Midwifery Maternity Provider Organisation (MMPO) practice data showed:

- › Between 2004 and February 2011, the Midwifery Council received only two complaints of substance against new graduates (794 graduates) = approximately 0.0025%
- › NZCOM research found new graduate outcomes are as good as experienced midwives
- › Average practice years of midwives when complaints made = 13 years

The components of the final MFYP programme as implemented in 2007 reflected the funding allocated by the Clinical Training Agency (then the Ministry of Health agency managing post-registration health professional education). However, the Council is always open to ways the MFYP can be improved and the support and guidance to new graduate midwives strengthened. The Council's recommendations for strengthening MFYP include:

- › Make MFYP Compulsory (requires funding commitment from Health Workforce New Zealand (HWNZ) which is the agency now responsible for post-registration health professional education)
- › Introduce the concept of a supervising mentor with more formal oversight of the graduate's progress
- › Increase funded hours to enable (in addition to current requirements):
 - case reviews
 - exploration of graduate midwife's assessment, decision making and referral processes
 - oversight of first experiences as a registered midwife
 - further development of midwifery clinical skills
- › Redesign the programme as an internship programme.

The Council expects to work with Health Workforce New Zealand and the New Zealand College of Midwives over the coming year to strengthen the MFYP programme.

Competence Programmes for overseas qualified midwives

Almost all overseas qualified midwives are required to undertake this competence programme which addresses aspects of midwifery practice which are unique to New Zealand. The programme was reviewed and amended in 2009 and now comprises the following components:

- › NZ Midwifery and Maternity Systems
- › Pharmacology and Prescribing
- › Assessment of the Newborn
- › Treaty of Waitangi
- › Cultural Competence

Overseas midwives are expected to complete the requirements of the programme within a 24 month period. All courses, except for the Treaty workshop, have been made available online to facilitate access and timely completion.



Practising certificates

The Council has the responsibility to:

- › issue annual practising certificates to those midwives who it is satisfied are competent to practise midwifery

The number of midwives leaving practice either temporarily or permanently has declined over the last 5 years. In the 2010/2011 year, 201 midwives did not renew their Annual Practising Certificate for that year compared with 178, 197, 289, 279, and 391 in the previous five years. Over the same period, the number entering practice after a temporary absence, after a longer period of absence, or as newly registered midwives, has increased resulting in a steady increase in the size of the practising workforce.

Table 5: Applications for an annual practising certificate

	HPCAA Section	Number	Outcomes			
			APC no conditions	APC with conditions	Interim	No APC
Total *			2822	38	387	
Reasons for non-issue of APC						
Failed to maintain required standard of competence	27 (1) a					
Failed to comply with a condition	27 (1) b					
Not completed required competence programme satisfactorily **	27 (1) c	371				
Recency of practice	27 (1) d					
Mental or physical condition	27 (1) e					
Not lawfully practising within 3 years ***	27 (1) f	16				
False or misleading application	27 (3)					

* Some midwives held more than 1 practising certificate during the period - one or more interim practising certificates were granted, usually followed by an annual practising certificate.

** Midwives with overdue recertification programme items, or on an overseas competence programme, were declined an annual practising certificate and granted an interim practising certificate. In most cases, the midwives successfully completed the competence programme and were subsequently granted an annual practising certificate.

*** Midwives who had not practised in the three years prior to applying for an annual practising certificate were required to complete a return to practise programme approved by Council. They were granted an interim practising certificate for the period of the programme. 12 successfully completed and were subsequently granted an annual practising certificate. One failed the programme and three did not complete.



Table 7: Comparative APC figures for the end of the year and beginning of the following year



Fees

In accordance with the plan to reduce its financial reserves, the Council was able to again reduce the fee for an annual practising certificate for this year from \$400 to \$350. The disciplinary levy has remained at zero. In this financial year, the Council has continued to subsidise the cost of one Midwifery Standards Review per midwife by \$200. This subsidy is paid to the New Zealand College of Midwives and has enabled the College to maintain the same MSR fee in this financial year.

Gazetted fee reductions:

- > TMR Registrants Fee currently \$660 to reduce to \$500
- > NZ Graduates Registration currently \$350 to reduce to \$300
- > Exam fee currently \$245 to reduce to \$200
- > 1st year of practice APC currently \$250 to reduce to \$200
- > APC fee currently \$400 to reduce to \$350

Return to Practice Programme

The Council has the responsibility to:

- > **set and monitor individual competence programmes for midwives returning to midwifery after three years or more**

Midwives who seek to return to work as a midwife after an absence of more than three years must demonstrate their competence to practise by completing a Return to Practice Programme agreed with Council. During the year, seven programmes approved in the previous year were carried over and 21

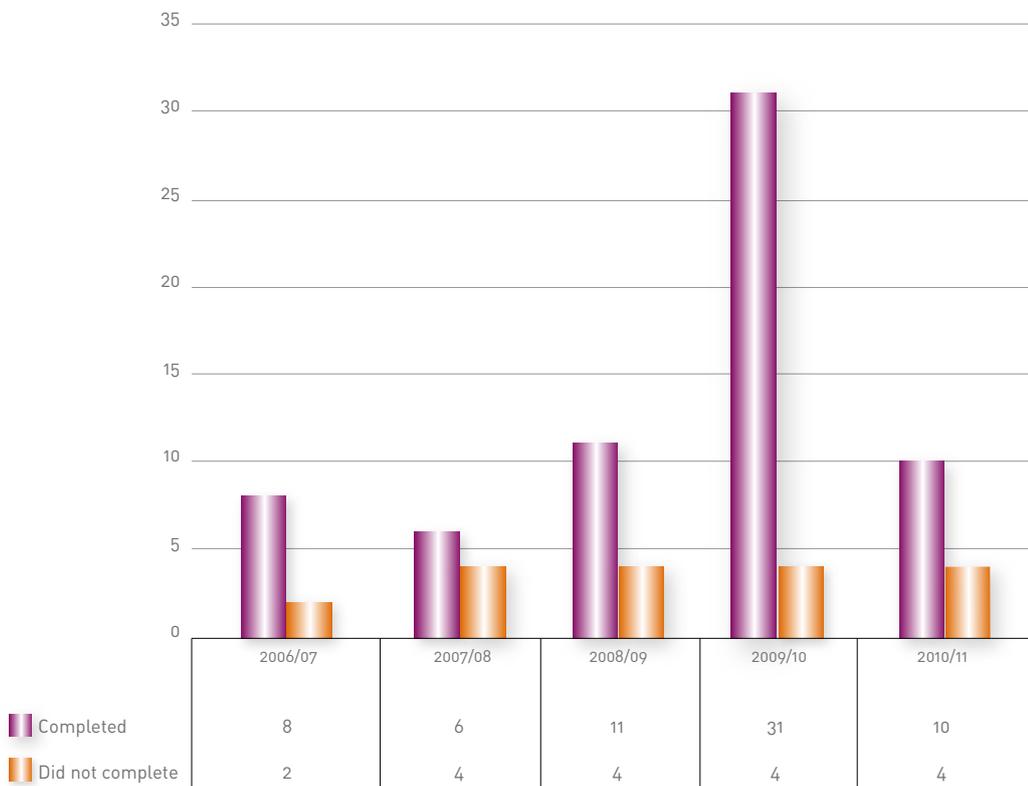


new programmes approved. Ten midwives completed their programme and were granted unrestricted annual practising certificates, three midwives did not proceed, one midwife failed to complete satisfactorily, and fourteen midwives were still undertaking their programme at the end of the year.

Review of Return to Practice course components

In October, the Midwifery Council facilitated a workshop with a number of providers to develop generic content for a Return to Practice course for those midwives who had been out of practice for more than eight years. The new Return to Practice programme requirements will be released in the 2011 – 2012 year.

Table 6: Number of formal Return to Practice programme finished each year between 2006/07 and 2010/11





COMPETENCE, FITNESS TO PRACTISE, AND QUALITY ASSURANCE

The Council has the responsibility to:

- › provide mechanisms for improving the competence of midwives and for protecting the public from health practitioners who practise below the required standard of competence or who are unable to perform the required functions

Performance

The Council encourages the midwifery profession to engage in a process of self-reflection and professional development that will improve standards of midwifery care and contribute to quality improvement in the midwifery workforce. It is also aware that public safety is assured through a midwifery workforce that demonstrates both professionalism and competence.

In setting the competence standards and establishing a process by which to determine the ongoing competence of midwives, the Midwifery Council resolved that all registered midwives must participate in its Recertification Programme in order to meet the competence requirements necessary for a practising certificate to be issued.

Competence Reviews

The Council continued its 2009 work in reviewing its policies and processes around competence reviews, assessments and monitoring. It completed reviews on its policy document on "Backup/practice colleagues of midwives who have orders, conditions or restrictions on their practice", its "Policy for Conduct of Competence Reviews" and the "Competence Review Panel Guidelines". Further, the Council has developed reporting templates for the supervisors of midwives under competence supervision so that it has a clear understanding of the progress midwives under supervision are making in order to address deficits in their competence.

The Council has a pool of experienced midwives nominated by the profession from which to draw as required for Competence Review Panels.

Members of Competence Review Panels during the 2010-2011 year were:

Sue Calvert (Midwifery Advisor)	Andrea Vincent (Council member)
Helenmary Walker	Chris Stanbridge
Marion Hunter (Council member)	Lynley Allott
Terry Wiffen	Karen Donald
Rae Hickey	Thelma Thompson
Joyce Cowan	Korina Vaughn (Council member)
Christine Griffiths	Sue Bree (Council member)
Ann Yates	



Table 7: Competence referrals *

Source	HPCAA Section	Number
Health Practitioner (Under RA)	34 (1)	16
Health and Disability Commissioner	34 (2)	13
Employer	34 (3)	-
Other		23
Total		52

* These comprise all notifications about a midwife's practice received by the Council, with the exception of health. After receipt, they are either referred as required to the Health and Disability Commissioner under s64 of the HPCAA or to the Sorting Committee which recommends to the Council whether the notification involves competence, fitness to practise (health) or conduct issues.

Table 8: Outcomes of competence referrals

Outcomes	HPCAA Section	Number			
		Existing (at 1 April 2010)	New	Closed	Still active
No further action		Not applicable	11	Not applicable	Not applicable
(Total number) Initial inquiries	36	16	52	16	36
Notification of risk of harm to public	35			2	
Orders concerning competence	38	9	6	3	
Interim suspension/conditions	39	7	5	1	
Competence programme	40	9	6	3	
Recertification programme	41				
Unsatisfactory results of competence or recertification programme	43				



Recertification/continuing competence

Recertification Programme

The Recertification Programme requires midwives to undertake various courses and activities over a three year period in order that they can demonstrate to Council that they are competent and safe to practise.

In summary, the components of the Recertification Programme are:

- › Declare competence to practise within the Midwifery Scope of Practice (annually on application for APC)
- › Practise across the Scope over a three-year period
- › Maintain a professional portfolio containing information and evidence about practice, education and professional activities over each three-year period
- › Complete the compulsory education*
- › Complete 50 points of elective education and professional activities, comprising a minimum of 15 points for elective education, a minimum of 15 points for professional activities and the remaining points from either or a combination of both
- › Participate in New Zealand College of Midwives Midwifery Standards Review Process at least once every two years**

*Compulsory education includes:

- › Technical Skills workshop*** once every 3 years
- › Annual neonatal resuscitation update
- › Annual adult CPR update at level 4 (and including resuscitation of the pregnant woman)
- › Breastfeeding update workshop once every 3 years.

** All midwives must undertake MSR at least once every two years except for new graduate midwives who are also required to undertake MSR at the end of their first year of practice

*** From 2011 – 2014, Technical Skills workshops will have the following components:

Midwifery emergency refresher (Day 1)

- › Undiagnosed breech birth,
- › Shoulder dystocia
- › Cord prolapse
- › Management of PPH
- › Documentation to be linked into all emergency situations

Midwifery Practice Topics (Day 2)

- › Fetal assessment and wellbeing including:
 - Measuring fetal growth, recognizing IUGR and babies that are large for dates
 - Estimating fetal weight, weight parameters and the correct and appropriate use of growth charts
 - Monitoring decreased fetal movements
 - Listening to the fetal heart
- › Documentation to be linked through all topics.
- › Pharmacology and prescribing
 - The process of prescribing (revision on legal requirements including ability to prescribe, documentation of prescribing, assessments and responses to treatment for a number of clinical scenarios)
 - Current best practice prescribing for a number of clinical topics
- › Appropriate management of the third stage of labour
- › Documentation to be linked through all topics



Recertification Audit

The Council continues to audit midwives' engagement in recertification and its increasing IT capability has allowed it to link the issuing of Annual Practising Certificates to demonstrated engagement in the Recertification Programme. Those midwives who were unable to satisfy the Council of substantial engagement were required to undertake specific activities within defined time frames, with a number being issued with interim practising certificates until requirements were met.

Midwifery Standards Review Audit

The Council has contracted the College of Midwives to conduct Midwifery Standards Reviews as part of its Recertification Programme since 2007. The Council contracted Mark Dalgety, an experienced NZQA auditor using an "outcomes Evaluation" framework, to audit Midwifery Standards Review with the aims of improving its knowledge of the MSR process and also obtaining a clear description and assessment of all MSR activities.

The evaluation found that the MSR process is sound and well-constructed. The recommendations for further improvement and clarification of process are the subject of discussions between the Council and NZCOM.

Technical Skills Workshop Audit

The Council made the decision to audit the 11 approved providers of TSW workshops and contracted an experienced educator Stephanie Vague as an external reviewer to undertake the audit which was to assess each provider against the course criteria, documentation, equipment, evidence base, educators' qualifications, fees charged, attendance requirements and midwife participation in the learning.

The audit found generally the quality of TSW workshops to be good with its main recommendations on the need for educators to have teaching qualifications and better collegial support, to be well versed in the New Zealand maternity system and the desirability of not having individual educators working in isolation. Henceforth, the Council will approve TSW courses rather than providers.

Statement on Cultural Competence

The draft Statement on Cultural Competence which explains how culturally competent midwives must draw on the three frameworks of Midwifery Partnership, Cultural Safety and Turanga Kaupapa in building and maintaining relationships with their clients was sent out for consultation during the year. Feedback has been incorporated into the document and the approved statement will be released in the 2011/12 year.



Health/Fitness to practise

The Council has the responsibility to:

- › protect the public by ensuring midwives are fit to practise

The Council received six new notifications of concern about a midwife's health which had affected her practice and two other midwives self-disclosed a condition which would potentially affect them. All midwives were referred to the Health Committee which has delegated authority from Council to make decisions relating to midwives' health. As at 31 March, four had either regained full health or had appropriate support in place and had been discharged from the Committee's oversight. Two midwives were not currently working as midwives and the remaining two were working under Health Committee monitoring programmes which are designed to support midwives' return to work while also protecting the health and safety of the public.

Eight midwives remained under the Health Committee monitoring following referrals in the previous year.

Table 5: Notifications of inability to perform required functions due to mental or physical (health) condition

Source	HPCAA Section	Numbers			
		Existing (at 1 April 2010)	New	Closed	Still active
Health service	45 (1) a	2	2	2	3
Health practitioner	45 (1) b	4	1	1	2
Employer	45 (1) c	1	2		
Medical officer of health	45 (1) d				
Any person	45 (3)	4	4	3	6
Person involved with education					

Table 6: Outcomes of health notifications

Outcomes	HPCAA Section	Number of practitioners
No further action		5*
Order medical examination	49	8
Total		13
Interim suspension	48	1
Conditions	48	8*
Restrictions imposed	50	4

*Includes midwives with no formal conditions but monitored by Health Committee

Quality assurance activities

While the Council conducted a number of quality assurance activities during the year, it did not make any applications for the activities to be protected under s54 of the HPCA Act.



COMPLAINTS AND DISCIPLINE

The Council has the responsibility to:

- › act on information received about the competence and conduct of midwives
- › monitor midwives who are subject to conditions following disciplinary action

Complaints

Analysis of Complaints

The Council undertook an analysis of all notifications received by the Midwifery Council since 2004. Its findings as at July 2010 were:

- › There have been 146 complaints regarding midwives' competence since 2004
- › This has involved 123 different midwives as a concern may be raised about a number of midwives in the one complaint
- › The average time in practice at the time of the complaint is 13 years; the median is 10
- › There have been 6 complaints about midwives who have been in practice ↓ 1 year. Of these, 4 were NZ-educated midwives and 2 were UK-registered in their first year of practice in New Zealand. Two of the four complaints against NZ-educated new graduate midwives were found to have substance. 794 newly graduated midwives were registered in this period
- › There have been 11 complaints about midwives who have been in practice ↑ 30 years
- › The largest number of complaints for one midwife is 6
 - a second midwife has 5 complaints
 - the median number of complaints per midwife is 1
- › The most common term of references for competence review are
 - 3.3 Documentation and record keeping
 - 2.7 assessment and decision making
 - 2.14 Identification of high risk circumstances
- › Of the 146 complaints:
 - The Council took no further action in 41 cases because there were no identified competence issues.
 - The Council took no further action in 31 cases because the midwife had addressed the issues and engaged in further education since the incident.
 - Three midwives were suspended as a result of the complaint
 - 31 midwives have had competence reviews. Of these:
 - 23 have a competence programme
 - 2 had no further action as a result of the review
 - 6 had other outcomes
 - 16 midwives were referred for a Special Midwifery Standards Review. Of these,
 - 15 had no further action and the review did not occur for 1 midwife the outcome changed because of a subsequent complaint.



- › Overall 9 midwives have been suspended
- › Midwives from all schools of midwifery within NZ and those registered from overseas have been the subject of complaints
- › The proportion of complaints against the following ethnic groups is high compared to their proportion in the workforce:
 - Maori
 - Indian
 - Other European

Table 7: Complaints from various sources and outcomes during 2010 – 2011 year*

Source	Number	Outcome		
		No further action**	Referred to Professional Conduct Committee	Referred to the Health and Disability Commissioner
Consumers	9			9
Health and Disability Commissioner	13	8	2	Not Applicable
Health Practitioner (Under RA)	15	14	1	
Other Health Practitioner	3	3		
Courts notice of conviction				
Employer				
Other	11	6	3	

* These comprise all notifications about a midwife's practice received by the Council. After receipt, they are either referred as required to the Health and Disability Commissioner under s64 of the HPCAA or to the Sorting Committee which recommends to the Council whether the notification involves competence, fitness to practise (health) or conduct issues.

** No further action for conduct in 13 cases but 18 midwives referred for competence review or fitness assessment.

PCC

The Council has a pool of experienced midwives nominated by the profession from which to draw as required for Professional Conduct Committees.

Members of Professional Conduct Committees during the 2010-2011 year were:

Sharron Cole (Council member and convenor) Until November	Joan Skinner
Sandy Gill (Convenor) From November	Jenny Woodley
Liz Jull	Barbra Pullar
Jane Stojanovic	Juliet Thorpe
Yvonne Morgan	Kay Faulls
Korina Vaughn (Council member)	Estelle Mulligan



Table 8: Professional Conduct Committee cases

Nature of issue	Source	Number	Outcome
Fraudulent claiming			
Concerns about standards of practice			
Notification of conviction			
Theft			
Conduct	HDC (2) DHB (3)	5	Counselling, further education x 2 Suspended x 2 Still in process x 1
Practising outside scope			
Practising without annual practising certificate	Council Secretariat	4	Counselling x 1 Still in process x 3
Other			

HPDT

Three midwives were referred to the Tribunal by Council's Professional Conduct Committee during the 2009/10 year. In 2010, the Tribunal found all three guilty of professional misconduct and one midwife had her name removed from the Register. No referrals were made to the HPDT in 2010 – 2011.

The Tribunal hearing a charge laid against a midwife comprises a chairperson who is a lawyer, three midwives and a layperson. All Tribunal members are appointed by the Minister of Health.

Code of Conduct

The Council has the statutory responsibility to set standards of ethical conduct. When the Midwifery Council was established, the New Zealand College of Midwives had already developed a Code of Ethics and the Council incorporated this in defining the required standard of competence and the skills knowledge and attitudes which comprise best practice. In dealing with complaints and other business which comes before the Council, it became clear that a Code of Conduct would also be appropriate to provide specific guidance as to conduct.

A draft Code of Conduct was sent out to the profession and other stakeholders for consultation in June. Feedback from the consultation was integrated into the draft Code which was re-circulated in October and the final version was approved by the Council in November. In 2011, it was distributed to all practising midwives, students enrolled in the Bachelor of Midwifery degree and other stakeholders.



Appeals and judicial reviews

There were no appeals or judicial reviews of decisions made by the Council in 2010/11. The Council has commenced action in the District Court to recover unpaid costs awarded by the Health Practitioners Disciplinary Tribunal.

Linking with stakeholders

The Council has the responsibility to:

- › Communicate with the midwifery profession
- › Liaise with health regulatory authorities and other stakeholders over matters of mutual interest
- › Promote public awareness of the Council's role

National forum - The Council has held annual fora to provide an opportunity for the Council to discuss policies and processes and provide an opportunity for the profession, stakeholders and consumers to give informal feedback to Council. This year, fora were held in Auckland and for the first time Dunedin.

eMidpoint - The Council published the first of its monthly electronic newsletters in February 2011. As well as being sent by email, the newsletter is also published on the Council's website.

New Zealand College of Midwives - There are three critical pillars necessary to create and maintain a high quality midwifery workforce – midwifery education programmes, regulatory frameworks and professional association. The Council understands all three pillars need to be strong and maintains a warm collegial working relationship with the College of Midwives as the professional association. The Council had a stand at the College's biennial conference in Rotorua in September and the Registrar and Midwifery Advisor presented a paper on the Recertification Programme. The Council also had its usual annual meeting with College to discuss matters of mutual interest.

Health Workforce New Zealand - The Council met with the Director of HWNZ Brenda Wraight in August to discuss HWNZ plans for midwifery workforce and education.

Waikato stakeholders - Together with NZCOM, the Council met with midwives, DHB midwifery leaders, midwifery students from Wintec, and stakeholders in the Waikato region to discuss midwifery education and standards.

Western Pacific South East Asia Region Nursing and Midwifery Regulatory Authorities – Sally Pairman attended WPSEAR conference in Singapore from 20 – 22 October and presented a paper on the Midwifery Council's competence review process and a workshop of the development by the International Confederation of Midwives of global standards for midwifery regulation.

Australian Nursing and Midwifery Accreditation Council - The newly set up ANMAC invited the Council to nominate a member to the Council as it is important to have New Zealand input into such matters as TTMR and what is happening in midwifery regulation in Australia. Sally Pairman has been appointed as the Council's representative.



Health Regulatory Authorities New Zealand Collaborations

HRANZ provides a forum for all the health regulatory authorities to share information and to work on matters of common interest in carrying out our roles under the Act. The Council was involved in the HRANZ collaboration to:

- > agree on the approach and develop the template for annual reports- either based on Section 118 or on selected parts of the HPCA Act 2003
- > develop a template to make consistent governance statements
- > develop a template for standardised financial reporting
- > ensure liaison between HRANZ strategic and operational groups
- > cost containment

The Council has actively participated in HRANZ, both in the operational and strategic meetings.



MIDWIFERY COUNCIL OF NEW ZEALAND

2011 FINANCIAL STATEMENTS

Content	Page
Statement of Financial Performance	1
Statement of Movements in Equity	2
Statement of Financial Position	3
Notes to the Financial Statements	4
Audit Report	8



MIDWIFERY COUNCIL OF NEW ZEALAND
STATEMENT OF FINANCIAL PERFORMANCE
FOR THE YEAR ENDED 31 MARCH 2011

	Notes	2011 \$	2010 \$
REVENUE			
Registration Fees		77,055	92,623
Annual Practising Certificates		867,638	968,742
Examinations		22,973	28,965
Conditions & Monitoring		7,133	11,334
Interest Income		65,127	90,471
Other Income		134,439	14,517
TOTAL REVENUE		1,174,364	1,206,651
LESS EXPENDITURE			
Accounting		4,450	1,664
Audit Fees		5,229	4,720
Bank Charges		12,365	10,205
NZCOM Subsidy		200,000	223,700
Council Member Fees		44,240	57,416
Committee Member Expenses		119,152	120,055
Chair Fees		0	369
Professional Conduct Committee Expenses		33,353	31,621
Conferences & Seminars		35,697	3,170
Cleaning		2,940	2,993
Computer Expenses		11,946	31,685
Consultants		26,993	15,494
Debt Collection		1,830	0
Depreciation		71,949	43,281
Examination Expenses		8,444	13,493
Forum		17,203	9,071
General Expenses		5,234	6,145
Equipment Hire		8,503	9,003
Room Hire		807	178
Legal Fees		22,572	374
HPDT Costs		200,685	103,681
Postage & Couriers		22,281	15,427
Power		2,904	2,775
Printing & Stationery		21,184	25,288
Provision for Doubtful Debts		108,721	0
Rent		58,016	55,965
Staff Recruitment		24,441	8,740
Publications		3,151	2,761
Recertification Audits		17,311	15,042
Training Provider Audits		53,319	0
Salaries		445,624	427,976
Security		460	406
Website Maintenance		6,518	14,440
Teleconferencing		1,766	938
Telephone & Internet		10,420	9,894
Travel and Accommodation		58,310	76,732
Annual Report		5,268	6,651
Indemnity Insurance		6,818	6,841
TOTAL EXPENDITURE		1,680,104	1,358,194
NET SURPLUS/(DEFICIT)		(505,740)	(151,543)

The attached NOTES form part of these Financial Statements





**MIDWIFERY COUNCIL OF NEW ZEALAND
STATEMENT OF MOVEMENTS IN EQUITY
FOR THE YEAR ENDED 31 MARCH 2011**

	Notes	2011 \$	2010 \$
Equity at Beginning of Year		1,791,398	1,942,941
Net Surplus/(Deficit) for Year		(505,740)	(151,543)
EQUITY AT END OF YEAR		<u>1,285,658</u> =====	<u>1,791,398</u> =====

The attached NOTES form part of these Financial Statements
- 2 -





MIDWIFERY COUNCIL OF NEW ZEALAND
STATEMENT OF FINANCIAL POSITION
AS AT 31 MARCH 2011

	Notes	2011 \$	2010 \$
CURRENT ASSETS			
Westpac Cheque Account		58,067	544,504
Term Deposits		1,865,303	2,045,685
Accounts Receivable	4	25,011	946
Prepayments		37,908	8,481
Accrued Income		0	11,930
TOTAL CURRENT ASSETS		<u>1,986,289</u>	<u>2,611,546</u>
NON-CURRENT ASSETS			
Property, Plant & Equipment	2	101,786	50,392
Intangible Assets	3	199,010	146,010
Artwork		5,500	0
TOTAL NON CURRENT ASSETS		<u>306,296</u>	<u>196,402</u>
TOTAL ASSETS		2,292,585	2,807,948
CURRENT LIABILITIES			
Accounts Payable		70,632	111,323
Accrued Expenses		5,185	4,950
GST Payable		95,190	63,960
Employee Entitlements	5	26,785	30,306
PAYE Payable		11,895	13,266
Income Received in Advance		797,239	792,745
TOTAL CURRENT LIABILITIES		<u>1,006,926</u>	<u>1,016,550</u>
TOTAL LIABILITIES		1,006,926	1,016,550
NET ASSETS		1,285,658	1,791,398
Represented By:			
EQUITY		1,285,658	1,791,398

For and on behalf of the Council

Chairperson :  Date : 15/9/11

Registrar :  Date : 15/09/11

The attached NOTES form part of these Financial Statements





**MIDWIFERY COUNCIL OF NEW ZEALAND
NOTES TO THE 2011 FINANCIAL STATEMENTS**

1. STATEMENT OF ACCOUNTING POLICIES

REPORTING ENTITY

The Council is constituted under the Health Practitioners Competence Assurance Act 2003.

These Financial Statements have been prepared in accordance with generally accepted accounting practices.

The Council qualifies for differential reporting as it is not publicly accountable and is not large. The Council has taken advantage of all applicable differential reporting exemptions.

GENERAL ACCOUNTING POLICIES

The Measurement base adopted is that of historical cost. Reliance is placed on the fact that the business is a going concern.

Accrual accounting is used to match expenses and revenues.

There have been no changes in accounting policies. All policies have been applied on a basis consistent with those used in previous years.

SPECIFIC ACCOUNTING POLICIES

ANNUAL PRACTISING CERTIFICATE INCOME

Income is recorded progressively from 1 April in the year following receipt of fees. Prior to that it is recorded as income in advance.

GOODS & SERVICES TAX

The Financial Statements have been prepared on a tax exclusive basis with the exception of Accounts Receivable and Accounts Payable which include GST.

INVESTMENTS

Investments are recognised at cost. Investment income is recognised on an accruals basis where appropriate.

INCOME TAX

The Council has been registered as a charitable entity by the Charities Commission. Therefore, under the Charities Act 2005 is exempt from Income Tax.

PROPERTY, PLANT & EQUIPMENT

Property, Plant and Equipment are shown at original cost less accumulated depreciation. Depreciation has been calculated over the expected useful life of the Assets.

Computer Equipment	25.0%	Cost Price
Office Equipment	13.0% - 33.0%	Cost Price
Furniture & Fittings	12.5% - 33.0%	Cost Price
Leasehold Improvements	20.0%	Cost Price





INTANGIBLE ASSETS

Software and Website Costs have a finite useful life. Software and Website Costs are capitalised and written off over their currently estimated useful lives of 4 years on a straight line basis.

Costs associated with developing or maintaining computer software programs and websites are recognised as expenses when incurred.

IMPAIRMENT

At balance date, the Council reviews the carrying amounts of its assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impaired loss.

If the recoverable amount of a cash generating unit is estimated to be less than its carrying amount, the carrying amount of the cash generating unit is reduced to its recoverable amount.

2. PROPERTY, PLANT & EQUIPMENT

	Cost	Depreciation 2011	Accumulated Depreciation	Book Value 2011
	\$	\$	\$	\$
Computer	63,498	12,036	38,833	24,665
Office Equip	15,082	2,538	10,624	4,458
Furniture & Fittings	63,775	6,607	26,424	37,351
Leasehold	44,609	3,114	9,299	35,310
	-----	-----	-----	-----
	186,964	24,296	85,180	101,784
	=====	=====	=====	=====

	Cost	Depreciation 2010	Accumulated Depreciation	Book Value 2010
	\$	\$	\$	\$
Computer	36,909	8,969	26,797	10,111
Office Equip	13,555	2,752	8,086	5,469
Furniture & Fittings	51,047	6,310	19,816	31,231
Leasehold	9,765	1,953	6,184	3,581
	-----	-----	-----	-----
	111,276	19,984	60,883	50,392
	=====	=====	=====	=====

**3. INTANGIBLE ASSETS**

	Cost	Amortisation	Accumulated	Book
	\$	2011	Amortisation	Value
	\$	\$	\$	2011
Software	322,375	47,654	123,365	199,010

	Cost	Amortisation	Accumulated	Book
	\$	2010	Amortisation	Value
	\$	\$	\$	2010
Software	109,130	23,297	75,711	33,419
Website Costs (Work in Progress)	112,591			112,591
	-----	-----	-----	-----
	221,721	23,297	75,711	146,010
	=====	=====	=====	=====

4. ACCOUNTS RECEIVABLE

Accounts Receivables are shown net of impairment losses. For the current year, the impaired losses amounted to \$142,390 (2010: \$34,227), which reduced income arising from the unlikely collection of imposed HPDT fines.

5. EMPLOYEE ENTITLEMENTS

	2011	2010
	\$	\$
Salary Accrued	10,228	8,214
Leave Accrued	16,557	22,092
	-----	-----
	26,785	30,306
	=====	=====

6. OPERATING LEASE COMMITMENTS

The Council commenced a five year lease for premises on Level 2, Alan Burns Insurances House, 69-71 Boulcott Street, Wellington on 1 December 2006. This has been extended for a further 5 years from 1 December 2009. There were also leases taken out for office equipment.

Operating leases are those for which all the risks and benefits are substantially retained by the lessor. Lease payments are expensed in the periods the amounts are payable. The lease commitments are as follows:

	2011	2010
	\$	\$
Due in 1 year	59,896	60,120
Due between 1-2 years	55,173	59,939
Due between 2-5 years	87,417	94,528



**7. RELATED PARTY TRANSACTIONS**

The Council purchased artwork from the Deputy Chair during the year. The fee paid in respect of this transaction for the current year was the original 2006 purchase price of \$5,500 (net of GST) (2010: Nil). There was no balance outstanding at the year end (2010: Nil)

8. CONTINGENT LIABILITIES AND CAPITAL COMMITMENTS

There were no capital commitments as at balance date. [2010: \$87,000]

There were no contingent liabilities as at balance date [2010: Nil].

9. CREDIT FACILITY

The Council has a credit card facility of \$15,000 with Mastercard. The late payment interest rate will be charged on a daily basis on any outstanding balances.





PKF Martin Jarvie
Chartered Accountants



Accountants &
Business Advisers

INDEPENDENT AUDITOR'S REPORT
TO THE READERS OF
MIDWIFERY COUNCIL OF NEW ZEALAND'S
FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2011

The Auditor-General is the auditor of the Midwifery Council of New Zealand (the Council). The Auditor-General has appointed me, Paolo Ryan, using the staff and resources of PKF Martin Jarvie, to carry out the audit of the financial statements of the Council on her behalf.

We have audited the financial statements of the Council on pages 1 to 7, that comprise the statement of financial position as at 31 March 2011, the statement of financial performance and statement of movements in equity for the year ended on that date and the notes to the financial statements that include accounting policies and other explanatory information.

Opinion

In our opinion the financial statements of the Council on pages 1 to 7:

- comply with generally accepted accounting practice in New Zealand; and
- fairly reflect the Council's:
 - financial position as at 31 March 2011; and
 - financial performance for the year ended on that date.

Our audit was completed on 15 September 2011. This is the date at which our opinion is expressed.

The basis of our opinion is explained below. In addition, we outline the responsibilities of the Council and our responsibilities, and we explain our independence.

Basis of opinion

We carried out our audit in accordance with the Auditor-General's Auditing Standards, which incorporate the International Standards on Auditing (New Zealand). Those standards require that we comply with ethical requirements and plan and carry out our audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

Material misstatements are differences or omissions of amounts and disclosures that would affect a reader's overall understanding of the financial statements. If we had found material misstatements that were not corrected, we would have referred to them in our opinion.

An audit involves carrying out procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgement, including our assessment of risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the Council's preparation of financial statements that fairly reflect the matters to which they relate. We consider internal control in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Council's internal control.

3rd Floor | 85 The Terrace | PO Box 1208 | Wellington 6140
Phone +64 4 472 7919 | Fax +64 4 473 4720
Email info@pkfmj.co.nz | www.pkfmartinjarvie.co.nz

PKF Martin Jarvie is a member firm of PKF International Limited and PKF New Zealand Limited networks of legally independent firms and does not accept any responsibility or liability for the actions or inactions on the part of any other individual member firm or firms.



PKF Martin Jarvie
Chartered Accountants



An audit also involves evaluating:

- the appropriateness of accounting policies used and whether they have been consistently applied;
- the reasonableness of the significant accounting estimates and judgements made by the Council;
- the adequacy of all disclosures in the financial statements; and
- the overall presentation of the financial statements.

We did not examine every transaction, nor do we guarantee complete accuracy of the financial statements. We have obtained all the information and explanations we have required and we believe we have obtained sufficient and appropriate audit evidence to provide a basis for our audit opinion.

Responsibilities of the Council

The Council is responsible for preparing financial statements that:

- comply with generally accepted accounting practice in New Zealand; and
- fairly reflect the Council's financial position and financial performance.

The Council is also responsible for such internal control as it determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

The Council's responsibilities arise from the Health Practitioners Competence Assurance Act 2003.

Responsibilities of the Auditor

We are responsible for expressing an independent opinion on the financial statements and reporting that opinion to you based on our audit. Our responsibility arises from section 15 of the Public Audit Act 2001 and section 134(1) of the Health Practitioners Competence Assurance Act 2003.

Independence

When carrying out the audit, we followed the independence requirements of the Auditor-General, which incorporate the independence requirements of the New Zealand Institute of Chartered Accountants.

Other than the audit, we have no relationship with or interests in the Council.

Paolo Ryan
PKF Martin Jarvie
On behalf of the Auditor-General
Wellington, New Zealand

3rd Floor | 85 The Terrace | PO Box 1208 | Wellington 6140
Phone +64 4 472 7919 | Fax +64 4 473 4720
Email info@pkfmj.co.nz | www.pkfmartinjarvie.co.nz

PKF Martin Jarvie is a member firm of PKF International Limited and PKF New Zealand Limited networks of legally independent firms and does not accept any responsibility or liability for the actions or inactions on the part of any other individual member firm or firms.



CONTACT DETAILS

Secretariat

Staff members of the Midwifery Council at 31 March 2011 were:

Chief Executive and Registrar:	Sharron Cole
Deputy Registrar:	Nick Bennie
Midwifery Advisor:	Sue Calvert
Accounts and Registration:	Marilyn Pierson
Programmes Manager:	Andy Crosby
Administrator:	Christine Whaanga

Legal Advisors

Matthew McClelland
Harbour Chambers
PO Box 10-242
The Terrace
Wellington 6143

Andrew S. McIntyre (for PCC)
Beachcroft NZ
PO Box 5530
Wellington 6145

Accountants

WHK Wellington (formerly Taylor Associates)
PO Box 11 976
Manners St
Wellington 6142

Bankers

Westpac
PO Box 691
Wellington 6011

Kiwibank
Wellington

All correspondence to the Council should be addressed to:

Midwifery Council
PO Box 24-448
Manners Street
Wellington 6142

Email: info@midwiferycouncil.health.nz

Tel: (04) 499 5040

Fax: (04) 499 5045

