



Tatata mai ana
I roto i tana puk
He kuaka maran
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 2012

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 whakatau (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.



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ANNUAL REPORT OF THE
MIDWIFERY COUNCIL OF NEW ZEALAND
TO THE MINISTER OF HEALTH

For the year to 31 March 2012

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 2012. 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
- Accredit 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 i oku nei korero anei he whakatauki.

No tou rourou, no toku rourou, kia ora te iwi.

What you have in your basket and what I have in mine, the combination will enhance all people's wellbeing.

This report summarises the Midwifery Council's principal activities from 1 April 2011 to 31 March 2012.

It has been a busy year in which we saw the first graduates of the new Pre-Registration Midwifery Programme, a new Day Two Technical Skills workshop, the release of the Cultural Competence Statement, a new Return to Practice Programme and electronic online APC applications. Amidst all this activity, there has also been a significant contribution by the Council to the work carried out by the Regulatory Authorities in relation to a single shared secretariat.

The primary work of the Council is to protect the health and safety of women and babies experiencing midwifery care in New Zealand. The Council and its secretariat, through its processes and mechanisms as defined by the HPCA Act, works hard to ensure the competence of midwives and the safety of the public. In 2011-2012 there were thirty two inquiries about midwives' practice, two notifications of risk of harm to the public, five competence orders made under section 38 of the Act and twelve competence programmes initiated. There were a number of events made public where midwives, midwifery, and the processes of Council were put under the spotlight. The Council regularly reviews its processes and has confidence in their robustness. At all times it ensures as much transparency as possible within the constraints of the HPCA Act.

Pre-Registration Midwifery Education

The year 2011-2012 has seen further implementation of the Council's education standards adopted in 2007. The first graduates from the new four year undergraduate degree programme (completed in three academic years) graduated from Otago Polytechnic and Christchurch Polytechnic Institute of Technology in 2011. The other two schools of Midwifery - Waikato Institute of Technology and Auckland University of Technology - will produce graduates from this programme in December 2012 and March 2013 respectively.

The flexible model of programme delivery has not only made the programme more accessible but is also beginning to address workforce issues in regional and provincial New Zealand. It is also pleasing to note the increase in student numbers, especially Maori and Pacifica students. The graduates from this new programme have not only been competent as they entered the workforce but have also increased confidence in their skills. It has been very pleasing to hear anecdotal reports from around the country confirming this. The Council will audit the Undergraduate Midwifery Programmes in Otago and Christchurch in 2012 and in the Waikato and Auckland in 2013.



Recertification Programme

The Recertification Programme is one of the mechanisms by which Council satisfies itself that midwives are competent and that their practice is informed by the latest evidence. While Day One of Technical Skills always focuses on obstetric emergencies, Day Two changes in focus and content every three-years. The focus on Day Two for the 2011-14 is fetal assessment and the changes that have happened in practice in the last few years. The day also includes prescribing to ensure that midwives' prescribing is cost effective and informed by the latest evidence. This day has been of great interest to midwives and once again demonstrates the dynamic and changing nature of evidence and practice.

International and National Networks

There have been a number of opportunities to share with colleagues internationally. In 2011 the then Chair Sally Pairman, and Midwifery Advisor Sue Calvert attended the International Confederation of Midwives conference in Durban, South Africa. Sally Pairman was acknowledged by the President of ICM during the conference for her work on regulation internationally, and remains the co-chair of the ICM regulation standing committee. There continues to be close collaboration with regulatory authorities in Australia, with Sally attending the ANMAC International Consultative Committee meetings in 2011/12. Sharron Cole will be Council representative at this meeting in 2012. Nationally there are a number of ministerial and advisory groups to which Sue Calvert, Sharron Cole and I have been appointed, in our respective Council roles.

Midwifery First Year of Practice

The Midwifery First Year of Practice programme continues to ensure new graduate midwives are mentored appropriately into midwifery practice in the community and in hospitals. During 2011-2012 there has been a spotlight on the performance of new graduate midwives. However, there is no evidence which suggests that there are any systemic problems with new graduates. The Council supports any funded initiatives which would make the Midwifery First Year of Practice programme compulsory and strengthen the support given to new graduate midwives.

Regulatory Authorities Single Shared Secretariat

During 2011-2012, one of the challenges has been the process of working towards a single shared secretariat for the sixteen Regulatory Authorities. At times this has been a difficult process and has required the Council to make a considerable commitment of financial and human resources. The Midwifery Council, with five other Regulatory Authorities, undertook a project which looked at a model that would share secretariat functions while ensuring that regulatory functions still belonged with the Council. All Regulatory Authorities are at the present time working together to forward a detailed business case in relation to the single shared secretariat. The Council has fully engaged with this process at every step but has been clear that it will compromise neither its autonomy nor its statutory and regulatory functions.



The Council and the Secretariat

The year 2011-2012 saw one of the most significant changes in the Council's history when Sally Pairman's term on Council finished. Sally was the first Chair, leading the Council from its inception in 2004. Her outstanding leadership has ensured that the Council and its work is now supported by procedures, processes and policies which enables the sound and judicious application of the HPCA Act. Sally also led the review and changes to undergraduate midwifery education in New Zealand. The new framework and standards for Undergraduate Midwifery Education are innovative, rigorous, and of international standing. The Council thanks Sally for the tireless way she has worked - and continues to work - for the women and midwives of New Zealand.

I would like to express my sincere thanks to Sharron Cole and Susan Calvert for all their work and support over the last year. I also thank Nick Bennie, Marilyn Pierson, Andy Crosby, Judith Norman and Christine Whaanga. Together this team runs a very effective and efficient secretariat which serves Council, the public, and midwives of New Zealand well. I would particularly like to thank them all for their hard work during the first APC online application round.

A special word of appreciation goes to the Council and secretariat for the way in which the fiduciary responsibilities in this fiscally restrained time have been managed. This has resulted in significant savings in operational and governance costs.

I also thank all the competence reviewers, supervisors, and the midwives and lay people who make up the Professional Conduct Committee, as well as those many midwives who provide support and advice to the Council. Your expertise and professionalism is much appreciated.

Finally, I thank the Council members for their hard work and their continued commitment, to ensure that the processes of Council serve the public of New Zealand efficiently and effectively.

No reira tenei te mihi kia koutou katoa.

Kia kaha kia maia kia manawanui.

Na Judith.

Judith McAra-Couper

Chairperson



Members of the Midwifery Council at 31 March 2012

As at 31 March 2012, the members of the Midwifery Council are:



Chairperson: 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 a past 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, her current term expiring in August 2014.



Deputy Chairperson: 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 a past 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.



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 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.



Debbie Fisher BN, RN, Grad Dip Midwifery, RM



Debbie was appointed to the Midwifery Council in September 2011 for a one year initial term. She is the Midwifery Advisor at the Nelson Marlborough DHB, her role being an integral part of maternity services across the region. She also works clinically on a casual basis within a variety of settings. Debbie is a member of the National DHB Midwifery Leaders Group and enjoys supporting and facilitating effective midwifery leadership at a national level. She is also a Lactation Consultant and a current committee member of the New Zealand Lactation Consultants Association. Debbie has lived in New Zealand, Australia and the United Kingdom and worked in all types of maternity care settings, including maternity projects and presenting at national and international midwifery conferences. She has been a NZCOM regional chairperson. Debbie is currently completing a Master in Health Care at Victoria University and has completed a Te Reo level one certification and postgraduate study in adult teaching and learning and clinical midwifery practice. Debbie currently lives in Nelson with her husband.

Bronwen Golder



Bronwen was appointed as a lay member for a three year term in August 2011. Early in her career, Bronwen worked as a political risk analyst for an investment bank and then Development Director for health care start up in New York. Upon returning to New Zealand, Bronwen joined the Community Employment Group of the Department of Labour from where she was seconded to the Beehive as advisor to the Minister of Employment. Since 1993, Bronwen has worked in Geneva, Brussels, Wellington and Santiago Chile - leading international conservation programmes for two of the largest environmental NGOs in the world. Bronwen is currently leading a large scale New Zealand conservation initiative and providing strategic advice and support to conservation projects in Australia, the South Pacific and Southeast Asia and Chile. Bronwen brings to the Council extensive experience in public private sector partnerships, risk analysis, strategic and project planning and facilitation, communications, and monitoring and evaluation. Bronwen lives in Wellington with her husband and 11 year old son.

Korina Vaughn RN, RM Ngati Hako, Ngati Maru



Korina Vaughn is married with four 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.



Marion Hunter MA (Hons, 1st Class), BA, ADN, RM, RGON

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 NZ. 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) ¹			x
J McAra-Couper (Chairperson) ²			x
A Black		x	
D Fisher ³		x	
B Golder ⁴	x		
M Hunter			x
L Mathias			x
K Vaughn			x
A Vincent			x

*gross income – includes resident withholding tax.

1 until November

2 Chair from November

3 from October

4 from September

Council meetings

During the 2011/12 financial year as part of a drive to reduce operating costs, the Council reduced the number of face to face meetings and also reduced meeting time. The Council now holds alternate two day meetings in Wellington and half day audio conferences by Skype. The Council had six two day and one one day meeting in Wellington and had four half day Skype 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 2012 the Committees and their members are:



Registration Committee

Bronwen Golder, Debbie Fisher, Marion Hunter, Lee Mathias, Korina Vaughn and Andrea Vincent.

Education and Audit Committee

Annette Black, Debbie Fisher and Judith McAra-Couper

Examination Committee

Marion Hunter, Judith McAra-Couper, Korina Vaughn, Andrea Vincent (Marion Hunter is post-examination only).

Health Committee

Bronwen Golder, 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

Annette Black, Bronwen Golder, 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, including the initial response from the midwife, then tables the matter before a full Council meeting. Members at 31 March 2012 were Debbie Fisher, Marion Hunter, Judith McAra Couper, Korina Vaughn and Andrea Vincent.

Council Education

In August 2011, most Council members attended the annual Perinatal and Maternity Mortality Review Committee workshop. New Council members attended the Buddle Finlay Registration Authorities Group Professional Education Programme on the HPCAA. The three days covered Good Decision-making, Registration and Practising Certificates, and Competence, 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 11/12

Strategic Principles and Goals

The work of the secretariat is aimed at meeting the goals identified in the 2009 – 12 Strategic Plan, essentially to effectively and efficiently administer the HPCAA by having in place all the necessary mechanisms to ensure that midwives are competent and fit to practise and that they conduct themselves professionally.

IT Development

Stage 2 of the IT development was rolled out during 2011. For the first time, around 3000 midwives applied online from mid January 2012 for their 2012/13 annual practising certificates, just as overseas midwives and midwifery graduates apply online for registration. Feedback from midwives and DHBs and the Council's own experience showed that the online applications worked well, with a few minor problems that were addressed at the time or included in the follow-up modifications.

The IT system allows the secretariat to electronically monitor midwives' participation in the Recertification Programme and to link the issuing of practising certificates to demonstrated participation. Midwives who have overdue requirements are issued with time-limited Practising Certificates and they are expected to be up to date by the expiry of these certificates. 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.

Policy/Process Review

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

- › Financial Reserves and Investment Policy
- › Return to Practice Policy
- › National Midwifery Examination Policy
- › General policy for dealing with complaints and notifications

New policies approved were:

- › Legislative Compliance Policy
- › iPad Policy

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. It has also continued to expand its collegial working relationship with the New Zealand College of Midwives, the Australian Health Regulatory Authorities Agency, the Nursing and Midwifery Board and the Australian Nursing and Midwifery Accreditation Council.

Council/staff

The office has been very stable in staffing at 6.4FTE, with no new staff although Judith Norman's role as assistant administrator is now a permanent part time one. A small staff means each person has to be knowledgeable across several areas and have sufficient flexibility to take on new tasks with confidence and willingness.



Sally Pairman, the last remaining member of the original Council and Chair since the Council began, came to the end of her third and final term in November. The Council held a farewell function for Sally where her vision, hard work and enormous contribution to the strategic direction and solid foundational work of the Council was celebrated. While Sally is very much missed, her replacement as Chair, Dr Judith McAra-Couper, brings a wealth of midwifery knowledge and experience to the role.

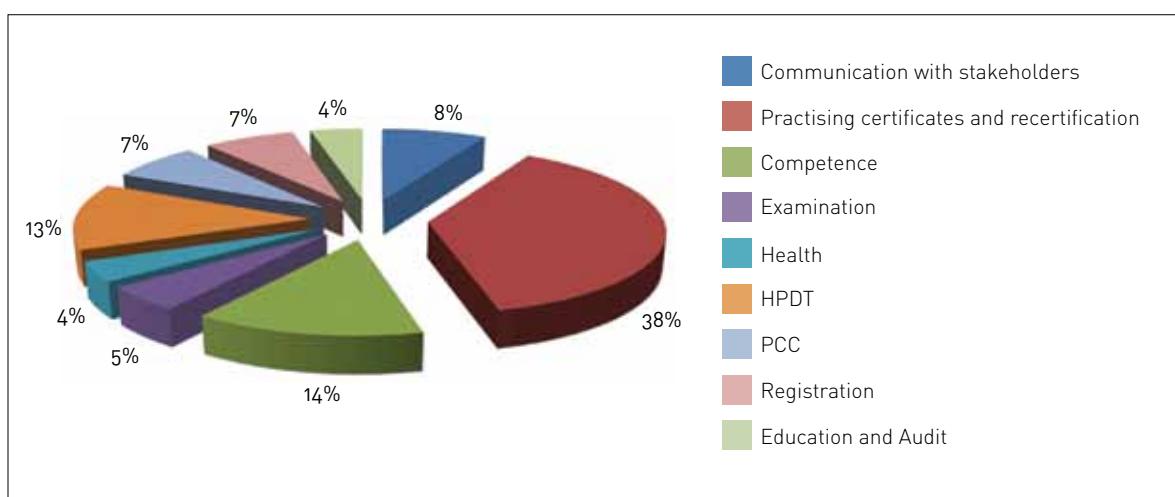
As the Council now meets physically only every second month, iPads and other means of electronic communication have become integral to the way the Council operates. iPads also mean that meetings are almost paperless.

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 – 2011 to 2012





REGISTRATION OF, AND PRACTISING CERTIFICATES FOR, MIDWIVES

Scopes of practice

The Council has the responsibility to:

- › **specify the midwifery scope of practice**

Midwifery has a clearly defined scope of practice which encompasses care to women and their infants in the antenatal intrapartum and postpartum phases. The Council has concerns at the increasing practice of DHBs to transfer midwives to other areas of the hospital to fill shortages in the nursing workforce. This practice has particular repercussions for the midwife as she could be working outside of her scope of practice as a midwife and for the patient who has the right to receive care from qualified and competent health care provider. There is further risk for the midwife who, if she happens to be a registered nurse, may be working without a current nursing practising certificate or other health profession. The Council believes that those midwives who may hold another registration but who have only practised within the maternity sector for at least the past three years, do not have the current knowledge and skills to work as nurses.

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

The Bachelor of Midwifery programmes are delivered at Auckland University of Technology (AUT), Waikato Institute of Technology (WINTEC), Christchurch Polytechnic Institute of Technology (CPIT) and Otago Polytechnic. 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.

A small number of students remain in the Massey University Bachelor of Midwifery programme. The last graduates will sit the National Midwifery Exam in December 2012.

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) = four 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; care of a minimum of 40 women with complications during pregnancy, birth or the postnatal period; 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 four academic years or seek continuance from the Midwifery Council

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, and online learning formats which enable connection between students and staff. This flexible model of programme delivery is helping to address midwifery workforce shortages, particularly in provincial and rural New Zealand. It has led to an increase in student numbers across all programmes, including an increase in Māori and Pasifika student numbers

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

Monitoring of Schools of Midwifery

In 2011, a monitoring visit of WINTEC was undertaken by Andrea Gilkison, the MCNZ monitor for the WINTEC Bachelor of Midwifery Programme. Ms Gilkison's report to the Council and NZQA in December 2011 states that WINTEC is demonstrating a commitment to continuous quality improvement within the programme and in staff development.

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 the Council has been advised that the 2011 review of the programme by CUAP will not occur until mid 2012.

Planning for the five-yearly audits of all programmes has commenced with a visit to Otago and CPIT scheduled for 2012.

National Midwifery Examination

A pass in the National Midwifery Examination is one of the requirements for entry to the Register of Midwives. In November 2011, 83 out of 86 candidates were successful, in December 35 out of 35 were successful and in March 2012, 22 out of 24 candidates attained a pass. The success rates for each School of Midwifery for 2011/12 are shown in Table 2.



Table 2: National Midwifery Examination passes 2011/12

School	Numbers sitting	Numbers passed	% passed
AUT	52	52	100
WINTEC	12	11	92
Massey	44	41	93
CPIT	22	22	100
Otago	15	14	93

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**

Midwives register and make payment online.

Table 3: Applications for registration decided in the 2011 – 2012 year

	HPCAA Section	Number	Outcomes		
			Registered	Registered with conditions	Not registered
Total		15	214	149	58
Reasons for non-registration*					
Qualifications did not meet required standard	15 b				2
Did not meet the competencies for practise	15 c				1
Communication including English language requirements	16 a,b				-
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				-

* The seven cases where the applicant was not registered were overseas applicants who submitted a formal application but subsequently withdrew or declined to complete the application.

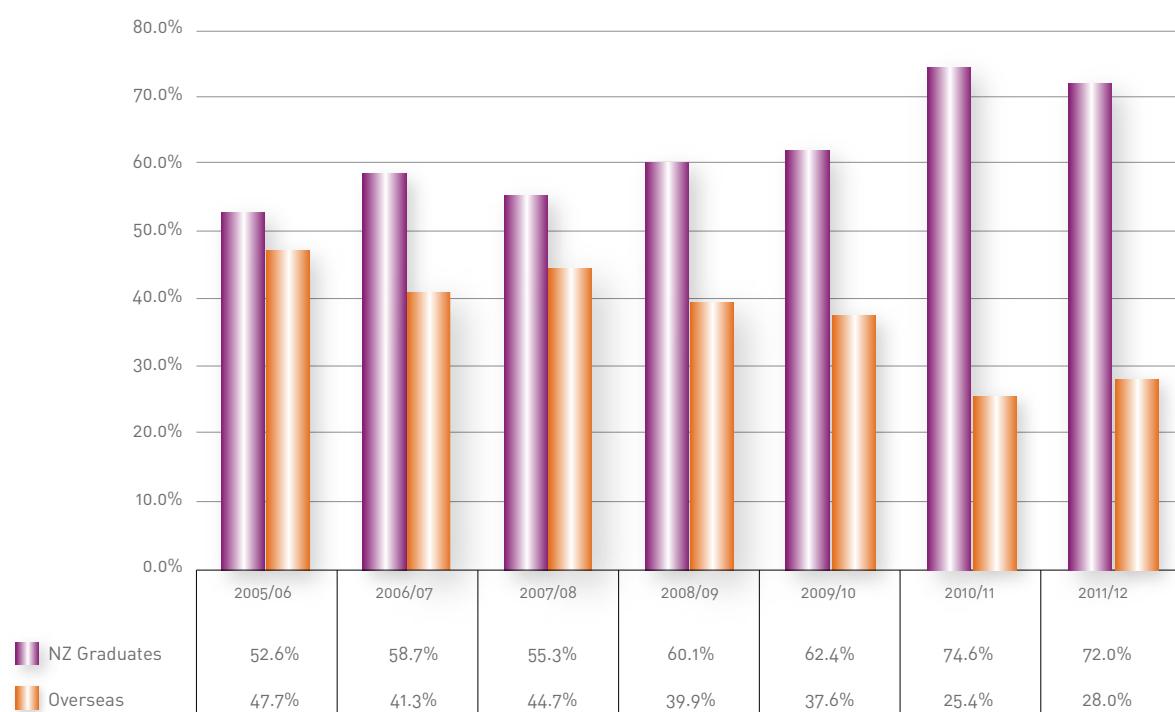


Table 4: Number of Midwives registered between 1 April 2011 and 31 March 2012 with comparisons with previous years

Type/Year	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12
New Zealand graduates	103	108	109	107	126	129	149
Australian entitled under TTMRA*	11	7	17	11	13	7	12
Other overseas educated	82	69	71	60	63	37	46
Total	196	184	197	178	202	173	207

* Trans Tasman Mutual Recognition Act 1997

Table 5: Percentage of registrations between 1 April 2011 and 31 March 2012 with comparisons with previous years: New Zealand graduate compared to all overseas qualified





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.

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. In essence, the framework and components of the programme are:

Since 2010, new graduate midwives have come under the spotlight. Evidence does not show any systemic problems. An analysis of complaints received by the Council and of Midwifery Maternity Provider Organisation practice data showed:

- › Between 2004 and March 2012, the Midwifery Council received four complaints of substance against 939 midwives in their first year of practice (approximately 0.43%)
- › NZCOM research found new graduate outcomes are comparable to those of 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). The Council supports any initiatives which will strengthen the support and guidance to new graduate midwives. The Council's recommendations for strengthening MFYP include:

- › Make MFYP compulsory (requires funding commitment from Health Workforce New Zealand)
- › 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.

Judith McAra-Couper and Susan Calvert have both been appointed as members of the Midwifery Expert Advisory Group.



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 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 five years. The number rose slightly in the 2010/2011 year when 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 practise 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 6: Applications for an annual practising certificate

	HPCAA Section	Number	Outcomes			
			APC no conditions	APC with conditions	Interim	No APC
Total *		3004	71	465		
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	445				
Recency of practice	27 (1) d					
Mental or physical condition	27 (1) e					
Not lawfully practising within 3 years ***	27 (1) f	20				
False or misleading application	27 (3)					

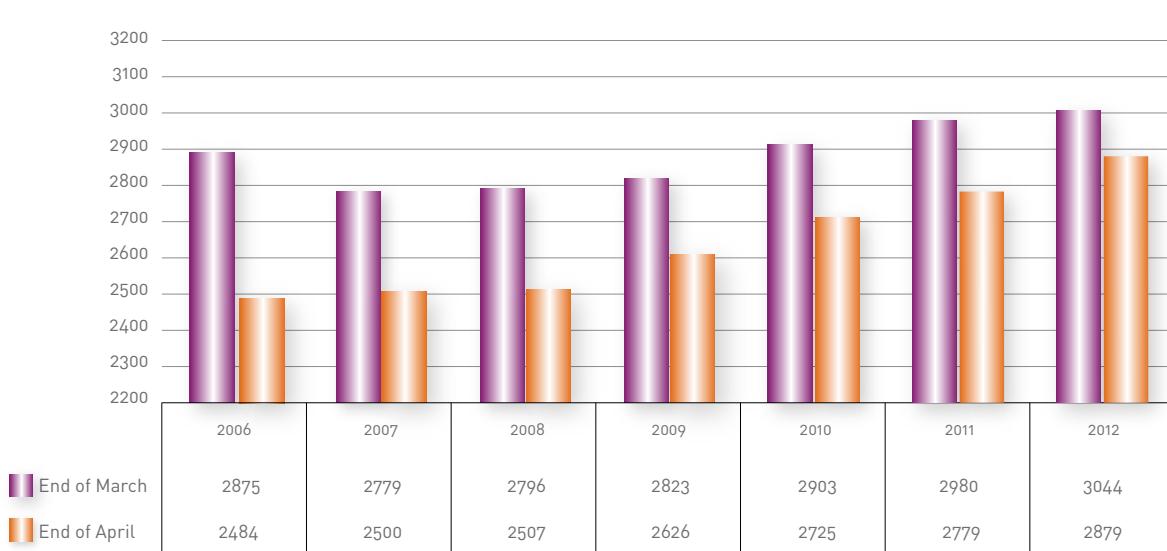
* Some midwives held more than one practising certificate during the period - one or more interim practising certificates were granted, usually followed by an annual practising certificate.

** Midwives with overdue Recertification Programme items, or overdue Overseas Competence Programme items, were declined an annual practising certificate and granted a short term interim practising certificate instead. 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 where required to complete a return to practise programme approved by Council. They were granted an interim practising certificate for the period of the programme. 21 successfully completed a programme during the year and were subsequently granted an annual practising certificate. In four cases a programme was approved but the midwife did not complete.



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



Fees

The Council maintained the fee for an annual practising certificate for this year at \$350 and the disciplinary levy remained at zero. In accordance with the plan to reduce its financial reserves, the Council 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. However, as the reserves have now been reduced to the targeted level, the Council has decided to reduce the MSR subsidy to \$100 in 2012/13 and to eliminate it in the 2013/14 financial year.

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**

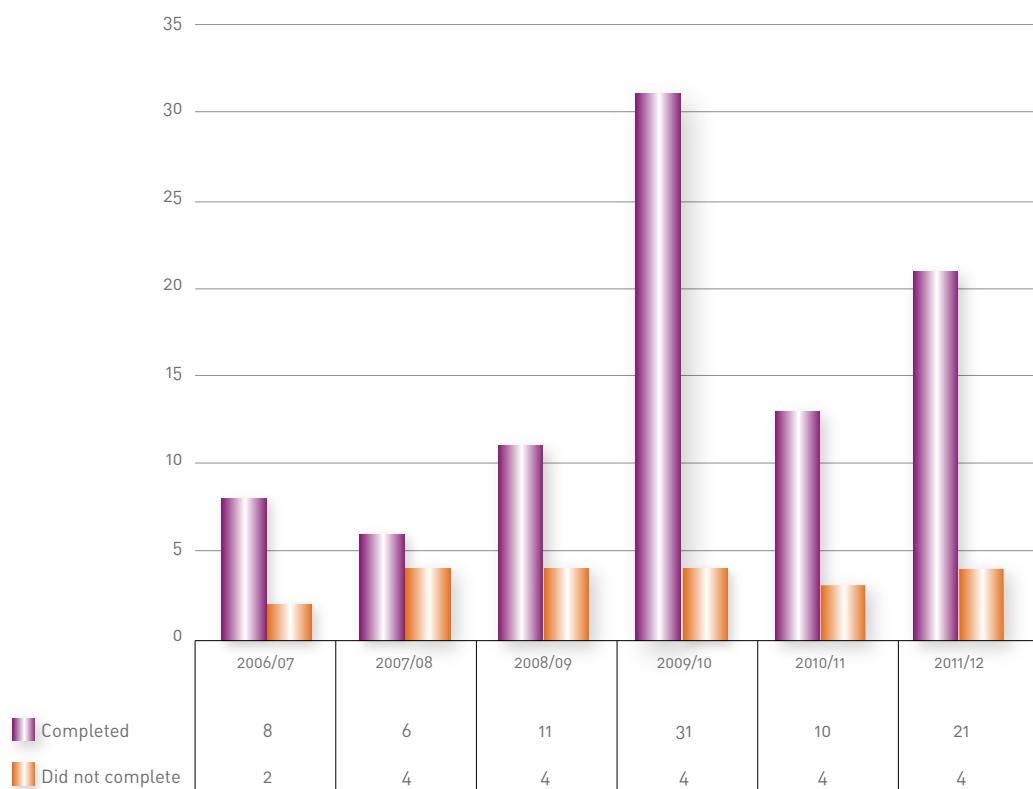
Midwives who seek to return to work as a midwife after an absence of more than three years must demonstrate their competence to practise by completing a Return to Practice Programme agreed with the Council. During the year, thirteen programmes approved in the previous year were carried over and twenty new programmes approved. Twenty one midwives completed their programme and were granted unrestricted annual practising certificates, four midwives did not complete their programme, and eight midwives were still undertaking their programme at the end of the year.



Review of Return to Practice course components

In October 2010, 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. This led to a review of the Return to Practice programme and processes. The new Return to Practice programme requirements for all midwives who have taken a break of more than three years were released in the 2011 – 2012 year and are available on the Council website.

Table 8: Number of formal Return to Practice programmes finished each year between 2006/07 and 2011/12





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 which will improve standards of midwifery care and contribute to quality improvement in the midwifery workforce. The public is also reassured by 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 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.

Individual midwives' participation in the Recertification Programme is monitored through the registration database and by the random audit of midwives' portfolios. In 2011/12, the portfolios of 400 midwives were audited. The Council also issues time-limited practising certificates when midwives have overdue Recertification Programme requirements, with full practising certificates only being issued when all requirements are up to date.

Competence reviews

The Council has continued to develop its processes around the review of midwives' competence. This year, the Council has undertaken a number of case reviews as well as formal competence reviews. Further standardisation has occurred with regard to timeframes and reporting templates to ensure the processes are as equitable and consistent as possible.

The Council continues to ensure that panel members are representative of the practice context of the midwife. The Council has a pool of experienced midwives nominated by the profession from which to draw for competence review panels or to conduct case reviews.

Members of competence review/case review panels during the 2011-2012 year were:

Lynley Allott	Debbie Souness
Sue Bree	Korina Vaughn (Council member)
Marion Hunter (Council member)	Helenmary Walker
Judith McAra-Couper (Council member)	Nimisha Waller
Adrienne Priday	



Table 9: Competence referrals *

Source	HPCAA Section	Number
Health Practitioner (Under RA)	34 (1)	11
Health and Disability Commissioner	34 (2)	8
Employer	34 (3)	-
Other		13
Total		32

* 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 10: Outcomes of competence referrals

Outcomes	HPCAA Section	Number			
		Existing (at 1 April 2011)	New	Closed	Still active
No further action		Not applicable	5	12	Not applicable
(Total number) Initial inquiries	36	20	32	19	18
Notification of risk of harm to public	35	2	2		
Orders concerning competence	38	8	5	2	9
Interim suspension/ conditions	39	18	2	1	
Competence programme	40	4	12	8	3
Recertification programme	41				
Unsatisfactory results of competence or recertification programme	43		2		



Recertification/continuing competence

Recertification Programme

The Recertification Programme requires midwives to undertake various courses and activities over a three year period in order to demonstrate to the 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

The Council has contracted the College of Midwives to conduct Midwifery Standards Reviews as part of its Recertification Programme since 2005. Following the MSR audit in the previous financial year, the Council had discussions with NZCOM to further clarify the administrative processes and on such matters as the circumstances in which the reviewers may either extend or shorten the usual two year review timeframe.

Statement on Cultural Competence

The 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 formally adopted by the Council during the year.

Health/fitness to practise

The Council has the responsibility to:

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

The Council received three new notifications of concern about a midwife's health which had affected her practice and five other midwives self-disclosed a condition which would potentially affect them. All midwives were referred to the Health Committee which has delegated authority from the Council to make decisions relating to midwives' health. As at 31 March, four midwives were no longer working as midwives and the remaining three 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.

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



Table 11: Notifications of inability to perform required functions due to mental or physical (health) condition

Source	HPCAA Section	Numbers			
		Existing (at 1 April 2011)	New	Closed	Still active
Health service	45 (1) a	8	2	4	6
Health practitioner	45 (1) b				
Employer	45 (1) c	2	1	2	1
Medical officer of health	45 (1) d				
Any person	45 (3)	4	5	4	5
Person involved with education					

Table 12: Outcomes of health notifications

Outcomes	HPCAA Section	Number of practitioners
No further action		
Order medical examination	49	3
Total		
Interim suspension	48	
Conditions	48	5
Restrictions imposed	50	3

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

Table 13: Complaints from various sources and outcomes during 2010 – 2011 year*

Source	Number	Outcome		
		No further disciplinary action**	Referred to Professional Conduct Committee	Referred to the Health and Disability Commissioner
Consumers	6			6
Health and Disability Commissioner	9	8		Not Applicable
Health Practitioner (Under RA)	12	12		5
Other Health Practitioner				
Courts notice of conviction				
Employer				
Other	11	3	2	

* 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 HPCA 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 8 cases but 20 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 2011-2012 year were:

Bernard Kendall (Chair) From May	Joan Skinner
Sandy Gill (Chair) From November	Jenny Woodley
Liz Jull	Barbra Pullar
Jane Stojanovic	Juliet Thorpe
Yvonne Morgan	Kay Faulls
Korina Vaughn (Council member)	Kerry Adams
Suzanne Miller	Christine Griffiths



Table 14: Professional Conduct Committee cases

Nature of issue	Source	Number	Outcome
Fraudulent claiming			
Concerns about standards of practice	Council	2	Referral to HPDT x 1 Suspended under s69(2) x 1
Notification of conviction			
Theft			
Conduct	HDC (2) DHB (1)	3	Counselling, further education x 2 Still in process x 1
Practising outside scope			
Practising without annual practising certificate	Council Secretariat	3	Counselling x 1 Suspended under s69(2) x 1 Referral to HPDT x 1
Other	Consumer	1	Still in process x 1

HPDT

Two midwives were referred to the Tribunal by the Council's Professional Conduct Committee during the 2010/11 year. Both were still in process at 31 March 2012

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. 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.

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 forums to provide an opportunity for the Council to discuss policies and processes and to provide an opportunity for the profession, stakeholders and consumers to give informal feedback to Council. This year, forums were held in Hamilton and Christchurch.

eMidpoint - The Council has continued to publish its monthly electronic newsletter. 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 also had its regular annual meeting with College to discuss matters of mutual interest and attended the fono held in Auckland to discuss issues relating to the provision of quality maternity care for Pasifika families.

Ministry of Health - The Council has met with the Senior Maternity Advisor on a number of occasions and has attended Maternity Quality and Safety Initiative meetings.

International Confederation of Midwives Congress - The 29th Triennial Congress of ICM was held in Durban in June. The Council was represented by Chair Sally Pairman who chairs the ICM Regulatory Committee and Sue Calvert, the Midwifery Advisor. Ex Council member Sue Bree became the first New Zealander to deliver a keynote address at an ICM Congress and she was elected as one of two representatives of the Asia-Pacific region to the governance board of the International Confederation of Midwives.

Australian Nursing and Midwifery Accreditation Council International Consultative Committee

- Sally Pairman was the Council representative on this committee that advises on issues relating to the assessment of the qualifications of international nursing and midwifery applicants to ensure that policies, procedures and information management meet best practice and thus the health and safety of the public are protected.

Te Rau Matatini – the Council assisted Te Rau Matatini in its project “Ma te Matapihi. He Whakaata” which interviewed Maori midwives to give a snapshot of their experiences as Maori midwives and which identified their workforce development needs.



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 operational and strategic meetings. The proposed consolidation of the secretariats strategic meetings have dominated the work of HRANZ over the year, with a divergence of views over whether the consolidation should include the regulatory authorities statutory functions under Parts 2, 3 and 4 of the Act, in addition to the administrative secretariat functions. Other issues debated included the length of the accountability chain and who would employ regulatory staff in the proposed shared secretariat. The Midwifery Council was part of the Partner RA group which engaged KPMG to undertake a project to identify potential gains from shared administrative functions.



MIDWIFERY COUNCIL OF NEW ZEALAND

2012 FINANCIAL STATEMENTS

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MIDWIFERY COUNCIL OF NEW ZEALAND

STATEMENT OF FINANCIAL PERFORMANCE
FOR THE YEAR ENDED 31 MARCH 2012

	Notes	2012 \$	2011 \$
REVENUE			
Registration Fees		87,435	77,055
Annual Practising Certificates		867,545	867,638
Examinations		29,740	22,973
Conditions & Monitoring		7,739	7,133
Interest Income		45,853	65,127
Other Income		4,261	134,439
TOTAL REVENUE		1,042,573	1,174,364
LESS EXPENDITURE			
Accounting		2,750	4,450
Annual Report		5,228	5,268
Audit Fees		5,229	5,229
Bank Charges		13,288	12,365
Cleaning		3,185	2,940
Committee Member Expenses		136,880	119,152
Computer Expenses		17,593	11,946
Conferences & Seminars		26,992	35,697
Consultants		18,260	26,993
Council Member Fees		40,148	44,240
Debt Collection		0	1,830
Depreciation		31,354	24,296
Amortisation		67,583	47,654
Equipment Hire		7,723	8,503
Examination Expenses		7,189	8,444
Forum		13,920	17,203
General Expenses		8,175	5,234
HPDT Costs		1,630	200,685
Indemnity Insurance		7,312	6,818
Legal Fees		8,275	22,572
NZCOM Subsidy		288,245	200,000
Postage & Couriers		17,627	22,281
Power		2,836	2,904
Printing & Stationery		18,431	21,184
Professional Conduct Committee Expenses		37,283	33,353
Provision for Doubtful Debts		(33,525)	108,721
Publications		666	3,151
Recertification Audits		12,916	17,311
Rent		59,549	58,016
Room Hire		0	807
Salaries		481,488	445,624
Security		411	460
Staff Recruitment		8,463	24,441
Teleconferencing		1,330	1,766
Telephone & Internet		12,140	10,420
Training Provider Audits		1,863	53,319
Travel and Accommodation		39,159	58,310
Website Maintenance		13,956	6,518
TOTAL EXPENDITURE		1,384,552	1,680,104
NET SURPLUS/(DEFICIT)		(341,978)	(505,740)

The attached NOTES form part of these Financial Statements

- 1 -

For
Identification
Purposes
Only



MIDWIFERY COUNCIL OF NEW ZEALAND

STATEMENT OF MOVEMENTS IN EQUITY
FOR THE YEAR ENDED 31 MARCH 2012

	Notes	2012	2011
		\$	\$
Equity at Beginning of Year		1,285,658	1,791,398
Net Surplus/(Deficit) for Year		(341,978)	(505,740)
EQUITY AT END OF YEAR		943,680	1,285,658
		=====	=====

The attached NOTES form part of these Financial Statements

- 2 -



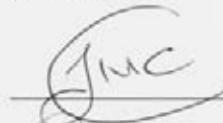


MIDWIFERY COUNCIL OF NEW ZEALAND

STATEMENT OF FINANCIAL POSITION
AS AT 31 MARCH 2012

	Notes	2012 \$	2011 \$
CURRENT ASSETS			
Westpac Cheque Account		523,504	58,067
Term Deposits		1,165,745	1,865,303
Accounts Receivable	4	105,251	25,011
Prepayments		15,606	37,908
Accrued Income		0	0
TOTAL CURRENT ASSETS		1,810,106	1,986,289
NON-CURRENT ASSETS			
Property, Plant & Equipment	2	95,584	101,786
Intangible Assets	3	230,755	199,010
Artwork		5,500	5,500
Work in Progress		6,301	0
TOTAL NON CURRENT ASSETS		338,139	306,296
TOTAL ASSETS		2,148,245	2,292,585
CURRENT LIABILITIES			
Accounts Payable		69,555	70,632
Accrued Expenses		5,185	5,185
GST Payable		97,032	95,190
Employee Entitlements	5	40,827	26,785
PAYE Payable		13,616	11,895
Income Received in Advance		978,351	797,239
TOTAL CURRENT LIABILITIES		1,204,566	1,006,926
TOTAL LIABILITIES		1,204,566	1,006,926
NET ASSETS		943,680	1,285,658
<i>Represented By:</i>			
EQUITY		943,680	1,285,658

For and on behalf of the Council

Chairperson : Registrar : 

Date : 23-08-12

The attached NOTES form part of these Financial Statements

- 3 -





MIDWIFERY COUNCIL OF NEW ZEALAND

NOTES TO THE 2012 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.

UNCERTAINTY ABOUT THE DELIVERY OF FUTURE OFFICE FUNCTIONS

In February 2011, Health Workforce New Zealand, on behalf of the Minister of Health (the Minister), issued a consultation document proposing a single shared secretariat and office function for all 16 health-related regulatory authorities. Following consultation, the 16 health-related regulatory authorities were given the opportunity to submit proposals for a single shared administrative secretariat. The Midwifery Council is one of two collaborative groups working on the development of business cases to progress towards shared administrative secretariat functions.

The proposals, if they proceed, would likely have a significant effect on the Council. We have not quantified the possible effect. The proposals mean that we will not fill any vacant office positions, should they occur, and we will only make necessary modifications to our software in order to maintain optimal functioning of the registration database.

Until a decision is made, there is uncertainty about the form in which our office functions will be delivered in future.



2. PROPERTY, PLANT & EQUIPMENT

	Cost \$	Depreciation 2012 \$	Accumulated Depreciation \$	Book Value \$
Computer	88,651	12,420	51,253	37,398
Office Equip	15,082	2,405	13,028	2,054
Furniture & Fittings	63,775	7,933	34,357	29,418
Leasehold	44,609	8,596	17,895	26,714
	-----	-----	-----	-----
	212,117	31,354	116,533	95,584
	=====	=====	=====	=====

	Cost \$	Depreciation 2011 \$	Accumulated Depreciation \$	Book Value \$
Computer	63,498	12,036	38,833	24,665
Office Equip	15,082	2,538	10,624	4,458
Furniture & Fittings	63,775	6,807	26,424	37,351
Leasehold	44,609	3,114	9,299	35,310
	-----	-----	-----	-----
	186,964	24,296	85,180	101,784
	=====	=====	=====	=====

3. INTANGIBLE ASSETS

	Cost \$	Amortisation 2012 \$	Accumulated Amortisation \$	Book Value \$
Software	93,502	6,597	87,678	5,824
Website	328,201	60,986	103,271	224,931
	-----	-----	-----	-----
	421,703	67,583	190,949	230,755
	=====	=====	=====	=====

	Cost \$	Amortisation 2011 \$	Accumulated Amortisation \$	Book Value \$
Software	93,502	20,600	81,081	12,421
Website	228,873	27,054	42,284	186,589
	-----	-----	-----	-----
	322,375	47,654	123,365	199,010
	=====	=====	=====	=====

4. ACCOUNTS RECEIVABLE

Accounts Receivables are shown net of impairment losses. For the current year, the impaired losses amounted to \$108,865 (2011: \$142,740), which reduced income arising from the unlikely collection of imposed HPDT fines.



**5. EMPLOYEE ENTITLEMENTS**

	2012	2011
	\$	\$
Salary Accrued	12,455	10,228
Leave Accrued	28,371	16,557
	=====	=====
	40,827	26,785
	=====	=====

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:

	2012	2011
	\$	\$
Due in 1 year	53,539	59,896
Due between 1-2 years	52,450	55,173
Due between 2-5 years	34,967	87,417

7. RELATED PARTY TRANSACTIONS

There were no related party transactions during the year. (2011: \$5,500). There was no balance outstanding at the year end (2011: Nil).

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8. CONTINGENT LIABILITIES AND CAPITAL COMMITMENTS

The capital commitments as at balance date are \$21,197.74. This relates to the website upgrade. (2011: Nil)

There were no contingent liabilities as at balance date (2011: 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

PKF
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 2012**

The Auditor-General is the auditor of the Midwifery Council of New Zealand (the Council). The Auditor-General has appointed me, Robert Elms, 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 2012, 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 2012; and
 - financial performance for the year ended on that date.

Uncertainty about the delivery of office functions in future

Without modifying our opinion, we draw your attention to the disclosure in the note on page 5 regarding a proposal for combining the secretariat and office functions of the Council with other health-related regulatory authorities. We considered the disclosure to be adequate.

Our audit was completed on 23 August 2012. 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.

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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.

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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.

Robert Elms
PKF Martin Jarvie
On behalf of the Auditor-General
Wellington, New Zealand



Accountants &
Business Advisers

Matters relating to the electronic presentation of the audited financial statements

This audit report relates to the financial statements of the Midwifery Council of New Zealand (the Council) for the year ended 31 March 2012 included on the Council's website. The Council is responsible for the maintenance and integrity of the Council's website. We have not been engaged to report on the integrity of the Council's website. We accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website.

The audit report refers only to the financial statements named above. It does not provide an opinion on any other information which may have been hyperlinked to or from the financial statements. If readers of this report are concerned with the inherent risks arising from electronic data communication they should refer to the published hard copy of the audited financial statements as well as the related audit report dated 23 August 2012 to confirm the information included in the audited financial statements presented on this website.

Legislation in New Zealand governing the preparation and dissemination of financial information may differ from legislation in other jurisdictions.



Contact details

SECRETARIAT

Staff members of the Midwifery Council at 31 March 2012 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
Assistant Administrator:	Judith Norman

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:

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