



**Te Tatau o te Whare Kahu  
Midwifery Council**

# Annual Report

## OF THE MIDWIFERY COUNCIL TE TATAU O WHARE KAHU

TO THE MINISTER OF HEALTH  
FOR THE YEAR TO 31 March 2021



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

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**Detail of painting of Dame Whina Cooper by artist the late 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 February 2007.

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## Facts at a glance

### We registered

**115** New Zealand educated midwives

**30** internationally qualified midwives

**8** midwives completed a Return to Practice programme

**4** midwives completed a Return to New Zealand practice programme



### We received

**26** notifications involving midwives' competence

**37** notifications involving midwives' conduct

**42** notifications involving midwives' health

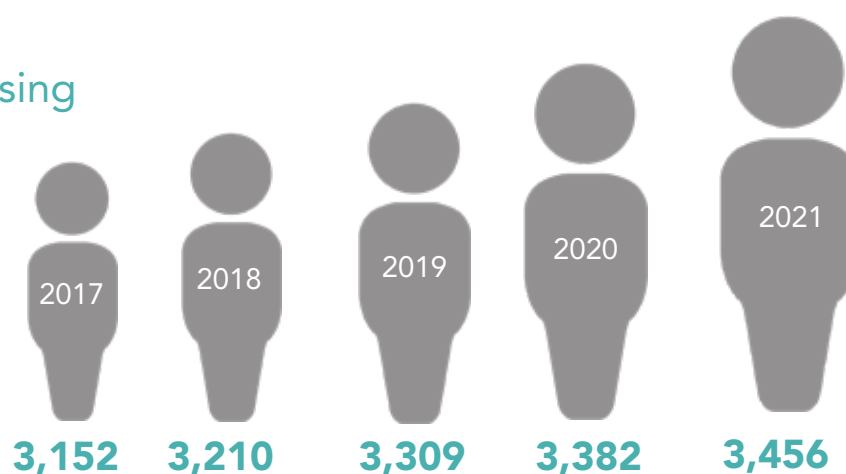
### Outcomes

Referred **8** midwives to a Professional Conduct Committee

Conducted **17** competence reviews

Required **12** midwives to undertake competence programmes

### Numbers of practising midwives across the years



# INTRODUCTION

## The Council's mission:

- To protect the health and safety of women and babies experiencing midwifery care in New Zealand through an effective and efficient regulatory framework

## Council values:

We will be known for our:

- Integrity, fairness, equity and accountability

## Functions and duties:

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
- Authorise registration and 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, including competencies that will enable effective and respectful interaction with Maori
- Liaise with other responsible authorities about matters of common interest.
- Promote education and training in midwifery
- Promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services
- Promote public awareness of the Council's responsibilities



# 1. Pārongo ā-tāone / Governance



As regulators our role is to ensure public safety, this is the focus of our strategy, actions and decision making.

## 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*

As chair I want to acknowledge the dedication and commitment of midwives across Aotearoa New Zealand. As at the 31 March 2021 Aotearoa had experienced lockdown and midwives and student midwives are now having to work and operate in new and different ways. This has led to a lot of adaptation and adoption of skill and changes to practice. Throughout the pandemic midwives have and continue to demonstrate their professionalism and commitment to the birthing people and whānau of Aotearoa.

The Council has been mindful of the stresses and challenges that are presented by change and uncertainty. It has this thought at the forefront of its mind when it looks at and considers matters that relate to the profession. It is always cognisant of the challenges new and old that present themselves.

The Council's role is public safety and COVID has meant that it too must adapt and change. Notwithstanding this however its primary focus is to ensure that midwives are fit and competent to practise therefore while it has granted midwives an exemption on requirement of the Recertification Programme it has been pleased to see that midwives have demonstrated their commitment to learning and development, through their engagement in education to support them through the pandemic.

## The Aotearoa Midwifery Project

As a Board our role is to set the strategic direction of the Council and to ensure that it is resourced effectively to ensure efficient

operation. One of the key strategic projects that has been initiated during 2020-2021 is the Aotearoa Midwifery Project. The Council has approved this work and has been involved in its development through the year. The Council acknowledges that there has been delays in providing the outcomes to midwives however the project itself underwent a large transformation by adopting a Te Tiriti approach to its work. This has meant that the Council has appointed two co-chairs and a collaborative reference group to complete the project. The Collaborative Reference Group are using a three Whare model to operate and make decisions.

As regulators our role is to ensure public safety, this is the focus of our strategy, actions and decision making. In January 2021 the Council met again to consider if our strategy remained fit for purpose. Safety comes in many forms and the Council acknowledges that midwives as part of a system of healthcare provision need to demonstrate cultural and clinical safety. The Council revised the Strategic Plan to ensure our key priority was that standards of clinical and cultural competence mean that midwives are fit for contemporary practice. The Council has considered its strategic priorities and has agreed that its commitment to Te Tiriti o Waitangi and embedding cultural safety in practice are its focus

This year we have said farewell to three Council members, Debbie Fisher, and Ngatepaeru Marsters whose time on Council ended and also Theo Baker who resigned. I wish to thank them all for their time and commitment to the Council and especially Debbie who was Deputy Chair for some time.

## The Council and the Secretariat

As always I wish to express my thanks to Sue and the team in the office who have continued to work and to provide services to midwives throughout these challenging times. The Council could not function without the secretariat who have successfully managed to adapt their ways of working due to demands of lockdown.

No reira tēnei te mihi kia koutou katoa. Kia kaha kia maia kia manawanui.

No reira tēnei te mihi kia koutou katoa. Kia kaha kia maia kia manawanui.

Na Chris



Chris Mallon, Chairperson

## Members of the Midwifery Council at 31 March 2021

During 2020-2021 members Ngatepaeru Marsters and Debbie Fisher completed their terms and Theo Baker resigned. Midwives Ngarangi Pritchard and Jude Cottrell were appointed to the Board.

Due to Theo's resignation a vacancy exists for a lay member.



**From left: Dr Susan Calvert (Chief Executive and Registrar), Jude Cottrell, Ngarangi Pritchard, Debbie Fawcett, Chris Mallon (Chair), Kerry Adams (Deputy Chair), Melanie Tarrant (Lay member), Mahia Winder**



## Strategic Objectives 2018 – 2021 (revised February 2021)

### Strategic Objective 1

Ensure standards of clinical and cultural competence mean that midwives are fit for contemporary midwifery practice. Set the necessary standards of clinical and cultural competence including competencies that will enable effective interaction with Māori, that address equity and that define safe practice in this context.

### Outcome

- Revised scope of practice statement, set of competencies for entry to the register and standards for pre-registration programmes of education are developed
- Midwives utilise the revised standards of clinical and cultural competence in their practice
- Programmes of education are contemporary and those achieving the graduate profile meet the required standards to enter the register
- Recertification programmes are aligned to the new framework
- Return to practice and registration processes are aligned to the framework

### Strategic Objective 2

The Council clearly articulates and demonstrates its commitment to Te Tiriti o Waitangi and cultural safety in midwifery practice.

### Outcome

- The Council board and secretariat work in a way that is Te Tiriti honouring. There is a clear commitment by the Council to Cultural Safety and improving equity for wahine and pepe.
- Board practices demonstrate commitment to Te Tiriti o Waitangi

One of the key strategic projects that has been initiated during 2020-2021 is the Aotearoa Midwifery Project

### Strategic Objective 3

Stakeholders place their trust in the midwifery profession because the Council provides accessible and understandable evidence that midwives are competent, honest and culturally safe.

### Outcome

- The Council clearly articulates the safety net that sits around midwives and midwifery as its decisions are informed by robust evidence.
- The Council's role is known and understood by women, their whanau and by midwives. Women view midwifery as a trustworthy profession.

### Strategic Objective 4

The Council has robust and effective IT and information management systems.

### Outcome

- Council processes and decision making are supported and enabled by a fit for purpose IT system. Information assets are protected with appropriate safety and security.

## Fees for Council members and appointees

The current fees are:

- Agreed specific tasks and teleconference meetings \$80 per hour
- Meetings - Chair \$950 per day
- Meetings - Members \$750 per day
- Half day meetings are proportional

## Council meetings

During 2020-2021, the Council held a number of meetings. These were weekly initially in response to the COVID 19 pandemic with the need for more frequent briefings to occur. These then reverted to the usual six weekly timeframe.

The type of meeting ie face to face or via Zoom varied depending on the alert level with more online meetings being held.

The Council has developed a finance, audit and risk management committee whose objectives are to assist the Council in discharging its responsibilities relative to financial accountability, the control framework and risk management and assurance. The committee comprises three Council members, Melanie Tarrant (chair), Debbie Fawcett and Chris Mallon, with Theo Baker being part of the committee during the term of her appointment. It also includes Brent Kennerley an audit partner who provides expert advice to support the work of the committee. Meetings of the finance audit and risk management committee are quarterly.

The Council also established a fitness to practice meeting in order to better manage workflow in this department. All members of the Council currently participate in these monthly meetings.

	Fees received \$
C Mallon (Chair)	10,952
K Adams	8,777
T Baker	4,125
D Fawcett	7,313
D Fisher	1,500
N Marsters	1,078
M Tarrant	9,516
M Winder	7,386
N Pritchard	6,375
J Cottrell	6,797

\*Gross income – includes resident withholding tax

## Council education

Due to COVID opportunities for development were limited. However some Council members and staff were able to attend the TransTasman Midwifery Education Conference. This was a virtual conference that had been delayed due to the pandemic. All Council and most staff also attended a combined Te Tiriti o Waitangi workshop.

Orientation programmes for new Council members were re-established in 2020.

## 2. Secretariat



As the midwifery regulator, the Council is responsible for protecting the health and safety of the public by ensuring that midwives both maintain and enhance the competence they demonstrated in order to be registered

### Chief Executive's report 2020/2021

Tēnā koutou katoa. This year has been an exceptionally challenging and busy year. Reflecting on accomplishments that have occurred it is pleasing to see the progress that has been made despite the impact on workload that can be attributed to the pandemic.

Midwives have been presented with many challenges during the COVID pandemic but have continued to provide all services both hospital, community based, education and policy work throughout this time. This has required adaptability and flexibility to ensure that whānau receive the care they require, students receive the education that they need and that the midwifery workforce is enabled to practise safely.

The Council was cognisant of requirements and stressors placed on the workforce during the pandemic and made the decision to place all requirements for formal engagement in the Recertification Programme on hold. This meant that midwives did not need to engage in annual emergency skills education or other activities. However despite this, records held by the Council show that many midwives did continue to engage in vast quantities of education. A large proportion of this included education around COVID and related topics including vaccination.

In February 2021 the Council considered the matter of midwives vaccinating members of the general public as part of the pandemic response and agreed that appropriately educated midwives could undertake this role. Vaccination is part of the midwifery scope but the difference in this situation was that midwives were enabled to vaccinate non-pregnant or birthing whānau, people who usually are outside of the scope of practice.

## The numbers of practising midwives

The number of midwives who renew or apply for an annual practising certificate each year is always a key statistic that is highlighted in our annual workforce survey. Annual practising certificate numbers normally show a slight decline between the end of each year and the first few months of the next practising year.

In April 2020, this decline was in line with previous years although the Council was advised that many midwives who had intended to retire or stop practice had remained in the workforce to support their colleagues.

In an attempt to support midwives wishing to engage in COVID related work an emergency practising certificate was established for those who had been out of work for some time and who were providing telephone advice and support. Numbers who took this option were very few with most midwives able to obtain an annual practising certificates. When looking at workforce information it is relevant that while the absolute number of midwives with practising certificates may remain constant, the number of midwives who appear to work on a part time basis has increased.

The Midwifery workforce in Aotearoa New Zealand is largely comprised of local graduates who have completed a Bachelor of Midwifery or Bachelor of Health Science (Midwifery) degree. The Midwifery Council workforce surveys show that the average time spent in the midwifery workforce is almost 15 years. In 2020 the fifth programme of education in Aotearoa, New Zealand commenced at Victoria University of Wellington. It is hoped that the implementation of a fifth programme will mean that there are more graduates able to enter the workforce. However with the first graduating class not expected for four years, increased numbers are not expected until 2023.

Schools of midwifery worked alongside students in attempts to keep them engaged and able to participate in education during the pandemic. Alert levels 3 and 4 meant that many students were not able to engage in clinical practice and this required adaptation from all schools. With some schools used a blended learning model this meant that there was little if no changes required to provide theoretical learning, however other schools had to adapt their way of teaching to support students being at home. By the end of the academic year there was a small number of final year students who required additional time to complete registration practice requirements.

## The Aotearoa Midwifery Project

The purpose of this project is to review the

- Scope of practice of a midwife
- Standards of Competence
- Pre-registration education standards.

Work began in earnest with the Aotearoa midwifery project during 2020 with the appointment of co-chairs Dr Hope Tupara and Dr Judith Mcara-Couper, and with the formation of a collaborative reference group.

## Engagement with stakeholders

The Council has considered its roll and the need for effective engagement with stakeholders. A series of regular meetings with DHB midwifery leaders, heads of schools of midwifery, the Ministry of Health, MERAS have been established. The purpose of the meetings is to provide timely communication around the business of the Council and to develop an avenue for regular communication and updates.

The Council was able to participate in the 8th WHO-ICN-ICM triad meeting which was held online in June 2020. Key presentations included reports on the State of the Worlds Midwifery report. I was privileged to present on Council policy work and took the opportunity to discuss the outcomes based assessment project. Following this meeting the ICM hosted a post-triad midwife forum where discussion focussed on the development and implementation of National Chief Midwife positions. Presentations were made by countries that had implemented these positions and strategies that had been used.

The implementation of a new registration database in December 2020 has led to the review and revision of a number of business processes. Staff and midwives have made applications via the new system which has had a number of issues however work is continuing on improvements to ensure that the database is an effective and efficient tool .

Having additional midwifery capacity within the office means that professional advice is readily available.



I wish to thank my staff for all their energy commitment and enthusiasm in what has been a challenging and busy year. Staff have shown a willingness to adapt and adopt new ways of working. During 2020 we have seen a number of staff changes and the introduction of new roles.

Two key roles are the Senior Advisor Midwifery Regulation and the Senior Advisor Midwifery Quality Improvement and Projects. Having additional midwifery capacity within the office means that a number of changes can be made but most importantly that professional advice is readily available. The roles are quite distinct yet complementary. The Senior Advisor regulation is focussed on the functions of the Act and the advice that is required to support decision making for example work includes assessment of international qualifications, complaints and notifications about practice, while the Senior Advisor quality improvement and projects is focussed on change and regulatory work that will impact on midwives and midwifery.

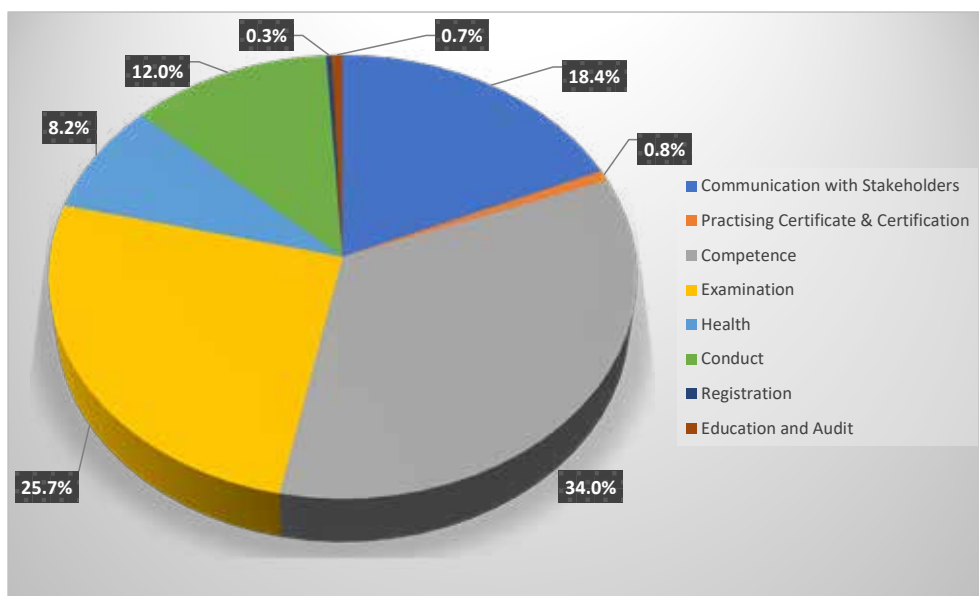
While 2020 and 2021 have been busy, I look forward to the opportunities that the new financial year will bring.

Ngā manaakitanga,



Dr Susan Calvert  
Chief Executive and Registrar

### Summary of expenditure 2020 - 2021



# Registration of, and Practising Certificates for, midwives

## a. Scopes of practice

### The Council has the responsibility to:

- specify the midwifery scope of practice

The key Council strategic project, the Aotearoa Midwifery Project, has commenced with the evidence based review of the scope of practice of a midwife. This review is timely to ensure that the scope is reflective of contemporary midwifery practice in Aotearoa, New Zealand. The project draws on the intent of te Tiriti o Waitangi to shape future practice. The Collaborative Reference Group and project team utilised a Te Tiriti partnership framework to establish a co-design approach to lead the development of the revised scope. The Collaborative Reference group is comprised of a number of midwives and consumers both Tangata Whenua and Tangata Tiriti from across the maternity sector. During 2020 the Collaborative Reference Group met by Zoom to work on the revised scope of practice which it expects to provide to the Council in early 2021. Following completion of the scope the Collaborative Reference Group will progress the revision of the Standards of Competence.

## Abortion Care

The Council agreed in March 2020 that the provision of abortion care sat within the scope of practice of midwives, although it acknowledged that the decision to provide care was made by individual clinicians. During 2020 Council staff participated in work around development of national

standards. The Council approached the schools of midwifery to develop education for all midwives around their responsibilities with regard to the Abortion Legislation Act 2020.

## b. 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 five schools of midwifery - Auckland University of Technology (AUT), Waikato Institute of Technology (WINTEC), ARA, Otago Polytechnic and Victoria University of Wellington.

The Bachelor of Midwifery degree is 480 credits/points. Three schools of midwifery now provide the programme over four traditional academic years, with ARA and Otago Polytechnic providing the degree over three extended academic years.

In 2020 the Council approved a shortened programme of education for applicants who hold current registration and practising certificates with other health professional responsible authorities. This programme approval was granted to ARA and Otago Polytechnic.

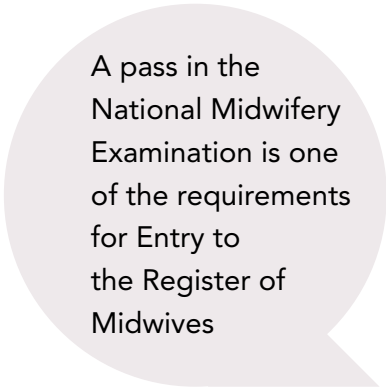


## Monitoring of Schools of Midwifery

Having approved and accredited a new school and programme of education at Victoria University of Wellington the Council appointed a monitor to review and report on implementation of the programme. The first visit was scheduled for early 2021 and the Council is anticipating receipt of the first monitoring report.

## National Midwifery Examination

A pass in the National Midwifery Examination is one of the requirements for Entry to the Register of Midwives. One of the Council's strategic objectives has been to harness technology to serve current and future needs. Part of this was the development of an online national examination. Prior to moving to the new online examination work had been undertaken that considered the exam construction and the examination blueprint.



A pass in the National Midwifery Examination is one of the requirements for Entry to the Register of Midwives

Moving the exam from a paper based format to an online format with randomised questions has meant that a significant investment has been made in question development. Question review is also an important part of quality assurance of the examination to ensure that it remains relevant and up to date.

## c. 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 registered Internationally Qualified Midwives

## Internationally Qualified Midwives

Midwives apply to be registered online however because of requirements for original source or certified hard copies some parts of the application process still require documentation to be sent to the Council. All applications are assessed individually to ensure that applicants satisfy the requirements for registration as set out in s16 of the Health Practitioners Competence Assurance Act 2003. The new database has meant that applications can be tracked and processed immediately once complete and assessed as meeting requirements. Applicants then receive automatic notification of their application decision.

**Table 1: Applications for registration decided in the 2020 – 2021 year**

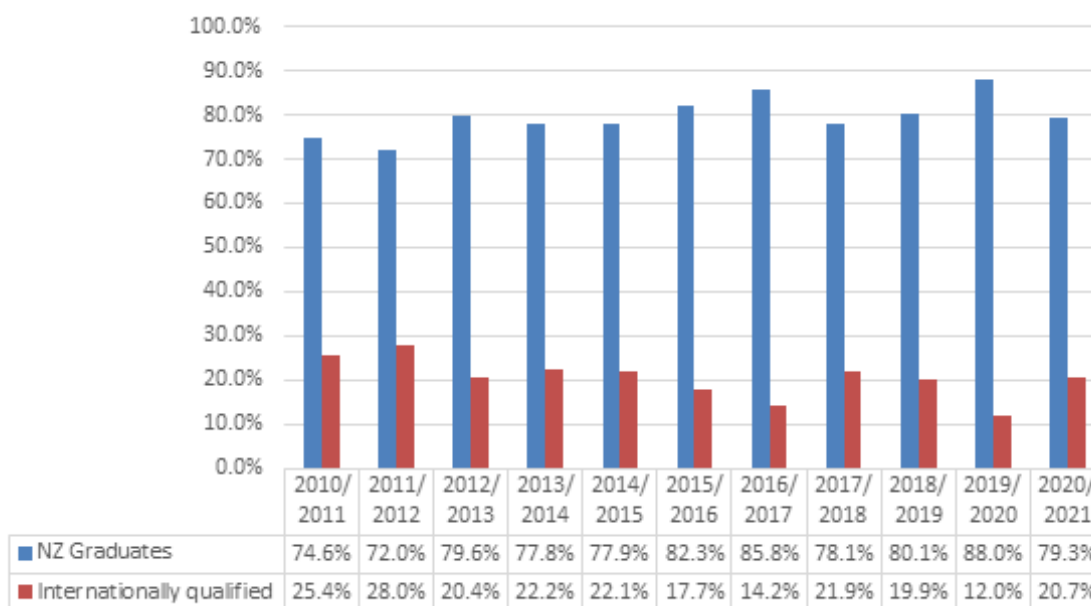
	HPCAA section	Number	Outcomes		
			Registered	Registered with conditions	Not registered
Total	15	-	145	145	-
<b>Reasons for non-registration*</b>	-	-	-	-	-
Qualifications did not meet required standard	15b	2	-	-	-
Did not meet the competencies for practice	15c	3	-	-	-

\* All New Zealand graduate midwives are registered with the condition they complete the Midwifery First Year of Practice programme. All Internationally Qualified Midwives are registered with the condition they complete the Overseas Competence Programme within two years of being issued with their first practising certificate.

**Table 2: Number of Midwives registered between 1 April 2020 and 31 March 2021 with comparisons with previous years**

Type/Year	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
NZ graduates	133	147	134	130	127	146	173	214	115
Australian TTMRA*	8	13	15	22	11	19	24	13	10
Internationally qualified	26	29	23	6	10	22	19	16	20
Total	167	189	172	158	148	187	216	243	145

**Table 3: Percentage of registrations between 1 April 2010 and 31 March 2021 with comparisons with previous years: New Zealand graduates compared to all internationally qualified midwives**



New Zealand graduates still continue to be the largest number of new registrants that gain entry to the register. However there is a need to ensure a sustained number of graduates enter the profession. While there is an anomaly due to two cohorts of graduates from one school gaining registration in the 2019-2020 year this has meant that the number of graduates in 2020-2021 is less than previous years.

The Council is mindful of the need to ensure growth in the number of local graduates and made changes to the pre-registration standards in 2019 that related to programme structure. Concern had been raised that the extended academic year which enabled the four year programme to be delivered in three calendar years was impacting on programme completion.

With three schools now providing the degree programme over four academic years the Council intends to monitor the

number of graduates from all programmes to ascertain if this structural change has indeed supported successful completion.

In order to further support Maori and Pasifika students to complete their programmes, the Ministry of Health has also launched the Te Awa o Hine, Tapu Ora initiative. The Council was able to attend the launch of this national initiative which hopes to address shortages of midwives, especially Māori and Pasifika.

### **Midwifery First Year of Practice Programme**

The Midwifery First year of Practice programme (MFYP), funded by the Ministry of Health and provided by the New Zealand College of Midwives, was implemented in 2007. From 1 February 2015, the Council made it mandatory for all new graduates

to enrol in and successfully complete the programme.

The Council receives high level reports from the programme coordinator. These show the number of midwives who have successfully completed the programme, the DHB in which they practise as LMC or as core midwives.

While the Council does not register internationally qualified midwives with less than two years clinical practice experience, it does register new graduates who apply under the TTMR Act.

Since November 2014, the Council has required any new graduates registering under TTMR to also complete the MFYP programme. In addition to completion of the MFYP the Council also receives reports from employers about the competence of Australian qualified new graduates. Australian new graduates are not able work as Lead Maternity Carer midwives until they have completed the requirements of the Overseas Competence Programme and worked for a minimum of 12 months in clinical practice.

## Notifications about midwives in their first year of practice

The Council is mindful of its role to protect the safety of the public by ensuring midwives are competent to practise and that the public can have confidence that the practice of new graduates does not put them at greater risk. It continues to analyse

the complaints it has received about the practice of new graduate midwives.

This analysis shows there have been 17 notifications between 2004 and 31 March 2021 and of these, 8 midwives have been found to have competence issues. During this time, 2,258 new graduates have been entered onto the Register of Midwives.

## Competence Programmes for internationally qualified midwives

All internationally qualified midwives including applicants registering under the TTMR Act are required to undertake a competence or 'transition to New Zealand practice' 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 (theory and practice)
- Te Tiriti o Waitangi workshop
- Cultural Competence
- GAP (Growth Assessment Protocol) education

The Council made a number of changes to the overseas competence programme in 2020. This included the requirement for all midwives to have completed the cultural competence programme and to be enrolled in the New Zealand maternity systems paper before they can be granted their first

practising certificate. It also added the requirement for midwives to complete the Growth Assessment protocol education package as part of the programme.

An additional change was the requirement for all internationally qualified midwives to have a Council appointed supervisor as part of this process. Historically this had been a mentor however the Council agreed that it needed more formal relationship to exist with structured and regular reporting on internationally qualified midwives competence and their integration into New Zealand practice. Supervisors are appointed by the Council and must report on midwives transition to practise in the New Zealand context on a monthly basis.

#### d. Practising certificates

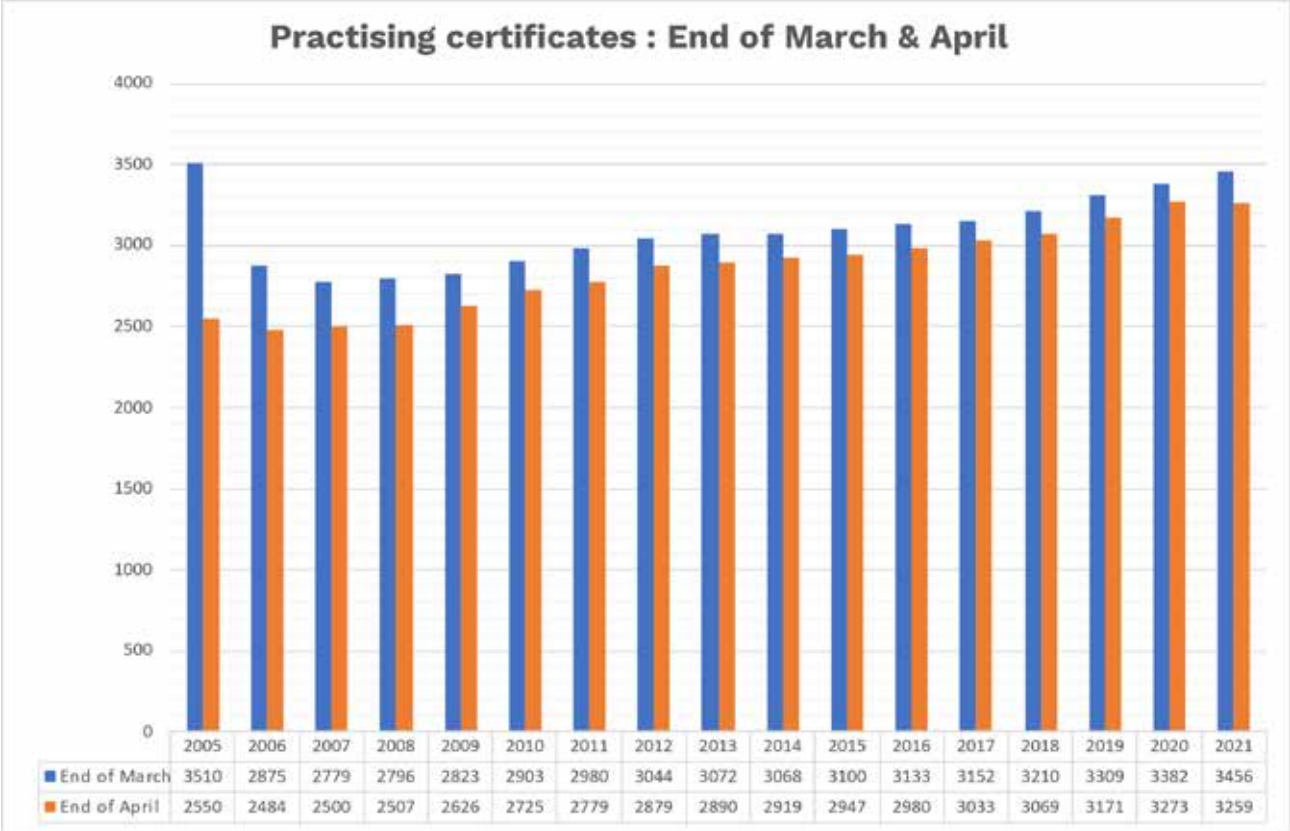
**The Council has the responsibility to:**

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

**Table 4: Applications for an annual practising certificate 2020/21**

	HPCCA Section	Number	Outcomes			
			APC no conditions	APC with conditions	Interim	No APC**
Total	-	3,456	3,210	246	-	-
Reasons fo non-issue of Practising Certificate	-	-	-	-	-	-

**Table 5: Comparative figures of midwives holding a practising certificate at the end of the year and at the beginning of the following year**



The number of total APC's granted each year continues to rise and at the end of the 2020-2021 practising year 3,456 had been issued.

Table five shows that for the first time the number of practising certificates at the end of April was lower than the previous practising year. The Council will continue to monitor this.

The number of new graduates that entered the workforce was lower in 2020-2021 than previous years and remains below estimates of the number of graduates required.

**Fees**

The Council undertook a consultation in late 2020 around its fees. Prior to this a cost modelling exercise had been undertaken by Chartered Accountant firm Grant Thornton. This informed the Council decision making with regard to the level of fees charged to midwives.

During 2020 the Council had faced a number of costs that had arisen out of business as usual and strategic projects that were necessary and required. A number of new staff were employed in order to undertake the work of the Council.

While acknowledging the impact of its decision, the fees for an annual practising certificate was increased from \$425 to \$650 per annum. The Council acknowledged that this was a large increase in fees however it was necessary. The Council also agreed that ongoing regular review of the fees was required.

In addition to APC fees, midwives also pay a \$50 disciplinary levy. The total cost of a practising certificate is therefore \$700 per annum. There are no discounted fees if midwives work less than the whole practising year. New Zealand educated graduates pay a reduced fee of \$225 in their first year on the Register.

## 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

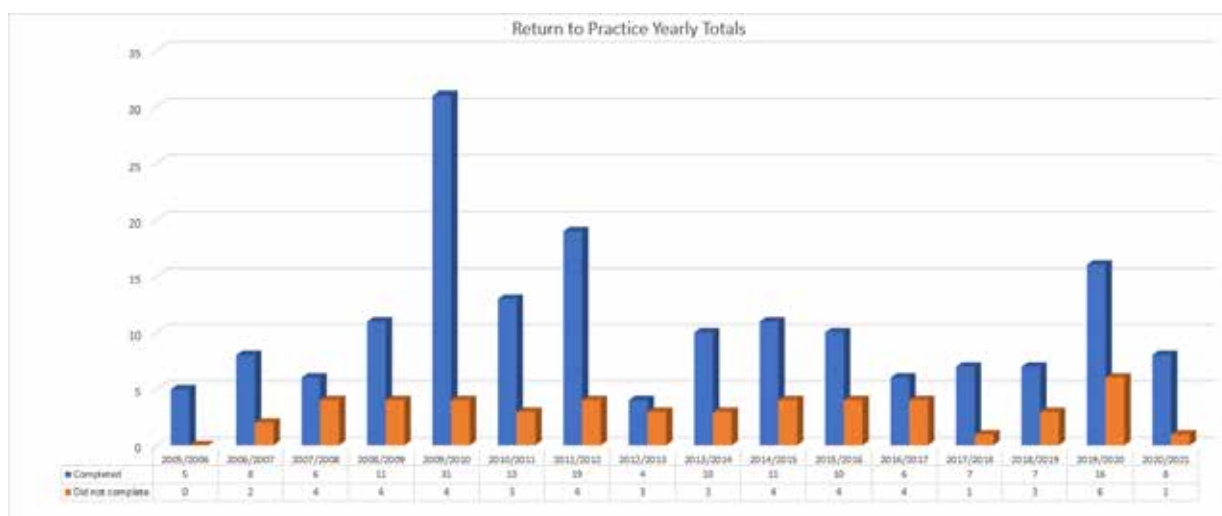
practise by completing a Return to Practice Programme agreed with the Council.

The current Return to Practice programme requirements for all midwives who have taken a break of more than three years consist of a mixture of education, clinical practice upskilling and supervision. Numbers who complete return to practice programmes vary across years.

Table 6 shows that the number who completed the programme in 2020-2021 is eight with one midwife not completing the programme. Further that 44 midwives have successfully completed the programme over the last five years and that the majority of midwives who undertake a return to practice programme complete it.

There is a continuation of the trend of the past few years of midwives choosing to work part time

**Table 6: Number of formal Return to Practice programmes completed each year between 2005/2006 and 2020/2021**



## Return to New Zealand practice

The Council also requires midwives who have been practising overseas who return to Aotearoa New Zealand to complete a Return to New Zealand Practice programme. This consists of education to update the midwife on changes to practice during their absence. The number and type of courses required depend on the length of time that the midwife has been out of practice in Aotearoa. In 2020-2021 four midwives completed programmes.

The Council draws on a pool of experienced midwives who are selected to undertake reviews





# 3. 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

### a. Performance

The Council encourages midwives 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.

In setting the competence standards and establishing a process by which to be reassured about the on-going competence of midwives, the Midwifery Council requires all practising midwives to participate in its Recertification Programmes.

### Competence reviews

There were 17 competence reviews during 2020-2021. Of these there were seven stage one competence reviews and 10 stage two reviews. A stage one review is usually held with the midwife and a single Reviewer. This type of review involves discussion and analysis of clinical decision

making relating to a specific context. A stage two review is a more broad review and an analysis of the midwife's practice. Review tools commonly used in a stage two review include scenario and viva testing in which components of clinical competence such as history taking, physical examination, documentation, communication, reference to evidence based practice, referral guidelines and professional behaviour as well as cultural competence and clinical skills are assessed against the standards of competence expected of a midwife.

In a stage two review the Council appoints two reviewers, one who is an educator with enhanced knowledge and skills in assessment and one who is representative of the practice context of the midwife undergoing the competence review. The Council has a pool of experienced midwives who are selected to undertake the reviews.

### Members of competence review panels during the 2019-2020 year were:

Janine Clemons	Claire Hotchin
Siobhan Connor	Marion Hunter
Susan Crabtree	Liz James
Robin Cronin	Teresa Krishnan
Linda Elvines	Annie Kinlock
Debbie Fisher	Justine O'Dwyer
Rebecca Hay	Adrienne Priday
Fiona Hermann	Jane Townsend
Caroline Hever	Andrea Vincent

**Table 7: Competence referrals**

Source	HPCAA Section	Number
Health Practitioner (Under RA)	34 (1)	6
Health and Disability Commissioner	34 (2)	7
Employer	34 (3)	2
Other (includes ACC and Coroner)	-	11
<b>Total</b>	-	<b>26</b>

The Council received 26 notifications regarding midwives' competence to practise during the time period 1 April 2020 – 31 March 2021.

**Table 8: Outcomes of competence referrals**

Outcomes	HPCCA Section	Number			
		Existing (at 1 April 2019)	New	Closed	Still active
No further action	-	Not applicable			Not applicable
(Total number) Initial inquiries	-	52	43	30	56
Notification of risk of harm to public	35	-	-	-	-
Orders concerning competence	38	17	11	10	18
Interim suspensions/ conditions	39	1	2	1	2
Competence programme	40	5	11	4	12
Recertification programme	41	-	-	-	-
Unsatisfactory results of competence or recertification programme	43	-	-	-	-

## b. Recertification/continuing competence

### Recertification Programme

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

The Council has regularly reviewed the programme since its establishment in 2005 and makes changes as necessary to ensure that the elements of the programme remain relevant in assisting midwives to maintain and enhance their knowledge and skills in an ever changing maternity environment. In response to the COVID-19 Pandemic and lockdown situations faced by midwives the Council agreed that it would place the requirements of the Recertification Programme on hold for the 2020-2021 practising year. The Council was aware of

the stresses placed on the workforce during this time and also of the problems faced by midwives and educators attempting to provide face to face education. These problems included a range of matters including cancellation at short notice due to lock down restrictions as well as limits on class sizes due to the requirements of social distancing.

The education component most affected by this was the Midwifery Emergency Skills Refresher. This is an annual update of resuscitation and maternity emergency skills. Content includes resuscitation of the pregnant woman and also of the neonate at the time of birth. These are both specialised areas of resuscitation in which midwives must be skilled. Content also includes maternal emergencies that midwives need to be competent and skilled in managing.

Midwives are able to choose the education they complete to meet their continuing midwifery education requirement.

#### **The components of the Recertification Programme until 31 March 2021 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 annual combined emergency skills day that includes maternal and neonatal resuscitation and maternity emergencies**
- **Complete 8 hours per year of both professional activities and continuing midwifery education**
- **Participate in New Zealand College of Midwives Midwifery Standards Review Process (MSR) at least once every three years\*\***

\*\* All midwives must undertake MSR every three years except for new graduate midwives who are required to undertake MSR at the end of their first year and third years of practice, before moving to three yearly.

The Council continues to accredit providers of continuing education. Reports received demonstrate the amount and diversity of education that is provided across Aotearoa New Zealand. There are currently 30 accredited providers that provide education as part of the recertification programme.

The Council monitors all practising midwives' engagement in recertification. The implementation of the new database has meant that all midwives must now enter their own compliance data. It now enables midwives to include evidence of professional activities. Professional activities include a vast array of activities including attendance at professional association meetings through to mentoring or being a mentor and also appointments as competence reviewers or supervisors.

Compliance of full engagement with the recertification programme is checked as part of the Standards Review process. The purpose of the review is to assist midwives to reflect on their practice with midwifery and consumer reviewers and to formulate an on-going professional development plan. The review is focused on quality of practice and is not a performance appraisal. The Council still physically audits portfolios when issues around a midwife's competence arise, or if a midwife appears to be consistently non-compliant with the programme.

Those midwives who were unable to satisfy the Council of substantial engagement with the compulsory components are required to undertake specific activities within defined

time frames, with some midwives being issued with interim practising certificates until requirements are met and a small number of others not being issued an APC.

## Cultural Competence

The Statement on Cultural Competence explains how culturally competent midwives must draw on the three frameworks of Midwifery Partnership, Cultural Safety and Tūrangā Kaupapa in order to build and maintain relationships with women. This was formally adopted by the Council in 2011.

A cultural competence course has been required as part of the Competence Programme for internationally qualified midwives since 2012 and the purpose of this is to provide them with the knowledge and skills required to achieve the Competencies for Entry to the Register of Midwives that relate to cultural competence in the Aotearoa New Zealand context.

Completion of both this course and a Te Tiriti o Waitangi workshop is compulsory for all internationally qualified midwives. The Council has made completion of the Cultural Competence course mandatory before all internationally qualified midwives, including those registering under the Trans Tasman Mutual Recognition Act, can be granted a practising certificate.

The Council recognises that cultural safety and cultural competence are a key focus for professional development.

## c. Health/fitness to practise

### The Council has the responsibility to:

- protect the public by ensuring midwives are fit to practise

The Council received 42 new notifications about a midwife's health which had affected her practice with many of the notifications being disclosures by the midwife themselves. The figures are presented in Table 11.

In April 2020, 40 midwives remained under health monitoring following referrals in previous years. As at 31 March 2021, 72 midwives were under health monitoring. Table 10 provides the outcomes of health

The Council recognises that cultural competence is a key area of focus for further professional development.

notifications. Through the adoption of the principles of right touch regulation responses to notifications appear to be proportionate. For example the number of conditions or restrictions placed on midwives is low in proportion to the total numbers of notifications.

**Table 9: Notifications of inability to perform required functions due to mental or physical (health) condition**

Source	HPCCA Section	Numbers			
		Existing (at 1 April 2020)	New	Closed	Still active
Health service	45 (1) a	-	-	-	-
Health practitioner	45 (1) b	4	-	-	4
Employer	45 (1) c	6	4	-	10
Medical officer or health	45 (1) d	-	-	-	-
Any person	45 (3)	30	38	10	58
Person involved with education	-	-	-	-	-

**Table 10: Outcomes of health notifications**

Outcomes	HPCAA Section	Number of practitioners
No further action	-	-
Order medical examination	49	5
Interim suspension*	48	-
Conditions	48	-
Restrictions imposed	50	10

#### **d. 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 HPCAA Act.



## 4. 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

### a. Complaints

In total the Council received 37 complaints about midwives with the majority being received from consumers. Other sources included employers and other health professionals. Table 11 provides a breakdown of sources of complaints and conduct matters brought to the Councils attention during this time. Compared to previous years, there is an increase in the total number of complaints that the Council has considered.

**Table 11: Complaints re conduct from various sources and outcomes during 2020 – 2021 year**

Source	Number	Outcome		
		No further disciplinary action	Referred to Professional Conduct Committee	Referred to the Health and Disability Commissioner
Consumers	25	22	1	17
Health and Disability Commissioner	1	1	-	Not applicable
Health practitioner (Under RA)	6	2	3	-
Other health practitioner	-	-	-	3
Courts notice of conviction	-	-	-	-
Employer	2	-	2	-
Other	3	1	2	-

## b. Professional Conduct Committees

The Council has a pool of experienced midwives from which to draw as required for Professional Conduct Committees. The chairs are lay members of the committee.

### Members of Professional Conduct Committees during the 2019-2020 year were:

Sandy Gill (Chair)	Christine Griffiths
Bernard Kendall (Chair)	Suzanna Miller
Phyllis Huitema (Chair)	Jacqui Paine
Joyce Croft	Thelma Thompson
Nichollette Emmerson	Andrea Vincent
Kay Fauls	Helenmary Walker

**Table 12: Professional Conduct Committee cases**

Nature of issue	Source	Number	Outcome
Fraudulent claiming	MOH	2	Ongoing
Concerns about standards of practice	-	-	-
Notification of conviction	Self	1	NFA
Theft	-	-	-
Conduct	DHB	1	NFA
	Consumer	2*	1 NFA, 1 ongoing
	Employer	2	1 NFA, 1 ongoing
Practising outside scope	-	-	-
Practising without annual practising certificate	-	-	-

\* One case that involved three midwives



### c. Health Practitioners Disciplinary Tribunal

There were no cases that involved a midwife during 2020-2021.

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

### d. Code of Conduct

The Council has the statutory responsibility to set standards of ethical conduct. The Council adopted a Code of Conduct in

2011. When matters are raised about a midwife the Code of Conduct is used. This document makes explicit the minimum expectations of every professional midwife with regard to conduct as they engage in their professional activities.

## 5. Appeals and judicial reviews

There were no appeals or judicial reviews of decisions made by the Council in 2020/2021.



# 6. 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

## Communication to Midwives

The new IT system has enhanced the Council's ability to communicate directly to midwives via email. A number of documents have been distributed this way including updates and consultation documents.

## New Zealand College of Midwives

The College is a membership organisation that supports midwifery practice. The Council has regular meetings with the College which includes both in person and face to face meetings. Meetings were generally held via zoom in 2020 due to travel restrictions. Monthly meetings between CE's to discuss relevant matters were established in early 2021

## Ministry of Health

The Council has met with the Maternity Advisors and Maternity Team on a number of occasions during the year. It also met with Health Workforce and the Health Quality and Safety Commission. The Council has proactively worked with analysts within the Health Workforce team to ensure that the ministry has robust and accurate workforce data.

Health Workforce is now a separate unit within the Ministry whose role includes regulation. In 2020-2021 financial year, work began on performance reviews of Responsible Authorities.

## District Health Boards

The Council maintains good working relationships with DHB midwifery leaders. The Council is an invited participant at Midwifery Leaders meetings and meeting frequency increased due to the pandemic. Monthly meetings with Midwifery Leaders and the Council were established in early 2021.

## Schools of Midwifery

The Council met frequently with the Heads of School during lock-down as students were unable to access clinical

placements which had the potential to impact on programme completion. Regular meetings have been established to facilitate communication between the schools of midwifery and the Council. Presentations are made to students at all levels of the programme about the work of the Council and what it means to be a regulated health professional.

## ACC

The Council has had representation on a number of ACC expert advisory groups and workstreams. Senior Advisor Midwifery Regulation, Nicky Jackson is a member of the Gap working group and Karen Daniells is a member of both the Fetal Heart Monitoring and Lactate working groups.

## Australian Nursing – Nursing and Midwifery Board of Australia

The Council has a Memorandum of Understanding with the NMBA to work closely over policy and professional issues relating to the regulation of midwives. The joint project on an outcomes based assessment framework for Internationally Qualified Midwives continues with the final deliverables nearing completion and acceptance by NMBA.

## Australian Nursing and Midwifery

## Accreditation Council

The Council has a Memorandum of Understanding with ANMAC to cooperate and liaise over Trans-Tasman midwifery matters relating to the education, accreditation and assessment of midwives.

## South Pacific Chief Nursing and Midwifery Officers Alliance (SPCNMOA)

The Chief Executive participates in the bimonthly teleconferences of SPCNMOA which bring together nursing and midwifery leaders in regulation and education to discuss and plan effective programmes for the Pacific in regulation, education, legislation and service delivery.

## Regulatory Authority Collaborations

Throughout lockdown registrars from a number of responsible authorities co-located with the Council met on a weekly basis to discuss matters of common interest. These matters have continued since the return to the work place . In addition all Regulatory Authorities meet quarterly. The focus of meetings during 2020-2021 was both COVID and preparation for performance reviews.

## The Aotearoa Midwifery Project

One of the key strategic projects the Midwifery Council initiated during 2020-2021 is the Aotearoa Midwifery Project. The Council has approved this work and has been involved in its development through the year.


The purpose of the Aotearoa Midwifery Project is to steer an evidence-based review of:

- the scope of practice of a midwife
- the competencies for entry to the register of midwives
- pre-registration standards for midwifery education.

And to also introduce key alignments with legislative changes relevant to midwifery practice

The Project will develop an effective and efficient standards framework to protect the health and safety of wāhine, their pēpi and whānau in Aotearoa, for the Council to consider.

The Midwifery Council is committed to engaging extensively for the purpose of this review.



The Project is a key strategic piece of collaborative work from the Council to develop the future of midwifery practice in Aotearoa.

The formation of the Aotearoa Midwifery Collaborative Reference Group (CRG) is exciting. The group's purpose is to expertly guide the Council's review through collaborative partnership, and robust, transparent, relationships.

The project underwent a large transformation by adopting a Te Tiriti o Waitangi approach to its work. This has meant that the Council has appointed two co-chairs - Dr Hope Tupara (Tangata Whenua) and Dr Judith McAra-Couper. (Tangata Tiriti) - to lead the CRG to complete this work.

The CRG are using a three Whare model to operate and make decisions.



# 7. Finance

## MIDWIFERY COUNCIL OF NEW ZEALAND **PERFORMANCE REPORT** FOR THE YEAR ENDED 31 MARCH 2021

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# MIDWIFERY COUNCIL OF NEW ZEALAND

## ENTITY INFORMATION

### "Who are we?", "Why do we exist?" FOR THE YEAR ENDED 31 MARCH 2021

**Legal Name of Entity:** THE MIDWIFERY COUNCIL OF NEW ZEALAND

**Type of entity and Legal Basis :** The Midwifery Council of New Zealand (the Council) is a body corporate established by the Health Practitioners Competence Assurance Act 2003 (HPCAA) and is a Responsible Authority under that Act. The council is a registered charity, Charity number CC10774.

#### **Entity's Purpose or Mission:**

##### **The Council's mission:**

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

##### **Functions:**

The functions of the Council are defined by HPCAA. The Council must:

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

#### **Entity Structure:**

The Council has eight (8) members. Six (6) midwives and two (2) lay members to represent public interests. Board Members are appointed by the Minister of Health.

#### **Main Sources of the Entity's Cash and Resources:**

The Council has received its main income from APCs Fees paid by registered midwives.

#### **Additional Information:**

To protect the public, the Council is also responsible for making sure that midwives keep high standards of practice by continuing to maintain their competence once they have entered the workforce

#### **General Description of the Entity's Outputs**

To protect the health and safety of members of the public by providing for mechanisms to ensure that midwives are competent and fit to practise.

#### **Contact Details**

Physical Address: Level 5, 22 Willeston Street, Wellington 6011

Phone: 04 - 4995040

Email: [info@midwiferycouncil.health.nz](mailto:info@midwiferycouncil.health.nz)

Website: [www.midwiferycouncil.health.nz](http://www.midwiferycouncil.health.nz)

**MIDWIFERY COUNCIL OF NEW ZEALAND  
STATEMENT OF FINANCIAL PERFORMANCE  
"How was it funded?" and "What did it cost?"  
FOR THE YEAR ENDED 31 MARCH 2021**

	<i>Notes</i>	<i>2021</i> \$	<i>2020</i> \$
<b>REVENUE</b>			
APC fees		1,220,728	1,105,855
Disciplinary levy		150,522	146,957
Disciplinary penalties		8,328	12,080
Examination fees		21,739	26,435
Interest income		16,526	40,947
Other income		48,692	62,131
Registration fees		100,265	76,410
<b>Total Revenue</b>		<b>1,566,799</b>	<b>1,470,814</b>
<b>LESS EXPENDITURE</b>			
Board & committees	1	258,291	322,310
Secretariat	2	1,788,329	1,184,174
Disciplinary expenses	3	30,981	24,795
<b>Total Expenditure</b>		<b>2,077,602</b>	<b>1,531,279</b>
<b>Net Surplus/(Deficit)</b>		<b>(510,802)</b>	<b>(60,465)</b>

**MIDWIFERY COUNCIL OF NEW ZEALAND  
STATEMENT OF MOVEMENT IN EQUITY  
FOR THE YEAR ENDED 31 MARCH 2021**

		<i>2021</i> \$	<i>2020</i> \$
Accumulated funds at the beginning of period		776,299	836,764
Net surplus/(deficit) for the period		(510,802)	(60,465)
<b>Accumulated funds at the end of period</b>	<b>8</b>	<b>265,497</b>	<b>776,299</b>

The attached notes form part of these financial statements.





**MIDWIFERY COUNCIL OF NEW ZEALAND**  
**STATEMENT OF FINANCIAL POSITION**  
**"What the entity owns?" and "What the entity owes?"**  
**AS AT 31 MARCH 2021**

	Notes	2021 \$	2020 \$
<b>CURRENT ASSETS</b>			
Cash and cash equivalents		1,115,953	690,538
Investments		1,421,464	1,672,476
Accounts receivable	6	6,112	8,576
Prepayments		35,065	17,321
TOTAL CURRENT ASSETS		2,578,594	2,388,911
<b>NON-CURRENT ASSETS</b>			
Fixed assets	4	23,486	33,100
Intangible assets	4	2,212	39,094
Artwork		5,500	5,500
TOTAL NON CURRENT ASSETS		31,198	77,694
<b>TOTAL ASSETS</b>		<b>2,609,792</b>	<b>2,466,605</b>
<b>CURRENT LIABILITIES</b>			
Accounts payable		78,620	127,645
Accrued expenses		20,483	14,080
GST due for payment		259,564	166,772
Employee costs payable	7	76,775	56,093
Income received in advance	5	1,894,727	1,309,430
Withholding Tax payable		14,126	16,285
TOTAL CURRENT LIABILITIES		2,344,295	1,690,306
<b>TOTAL LIABILITIES</b>		<b>2,344,295</b>	<b>1,690,306</b>
<b>NET ASSETS</b>		<b>265,497</b>	<b>776,299</b>
<b>Represented By:</b>			
<b>EQUITY</b>	8	265,497	776,299

For and on behalf of the council.



Christina Mallon  
Chairperson



Susan Calvert  
CE & Registrar  
Date: 16 September 2021

The attached notes form part of these financial statements.



**MIDWIFERY COUNCIL OF NEW ZEALAND**  
**STATEMENT OF CASH FLOWS**  
**"How the entity has received and used cash"**  
**FOR THE YEAR ENDED 31 MARCH 2021**

	2021	2020
	\$	\$
<b>Cash Flows from Operating Activities</b>		
<u>Cash was received from:</u>		
Statutory Fees and Levies	1,960,858	1,428,432
Registration Income	100,265	76,410
Other Fees	73,474	97,783
Interest Revenue	19,962	47,067
 <u>Cash was applied to:</u>		
Payments to Suppliers & Employees	(1,996,261)	(1,415,631)
 Net Cash Flows from Operating Activities	 <u>158,299</u>	 <u>234,060</u>
 <b>Cash Flows from Investing and Financing Activities</b>		
<u>Cash was received from:</u>		
Sales of fixed assets	22,500	609
Short-term Investments	251,012	0
 <u>Cash was applied to:</u>		
Purchase of Fixed Assets	(6,397)	(32,912)
Short-term Investments	0	(26,379)
 Net Cash Flows from Investing and Financing Activities	 <u>267,116</u>	 <u>(58,682)</u>
 <b>Net Increase / (Decrease) in Cash</b>	 <u>425,415</u>	 <u>175,378</u>
Opening Cash Brought Forward	690,538	515,160
<b>Closing Cash Carried Forward</b>	<b><u>1,115,953</u></b>	<b><u>690,538</u></b>
 Represented by:		
<b>Cash and Cash Equivalents</b>	<b>1,115,953</b>	<b>690,538</b>



**MIDWIFERY COUNCIL OF NEW ZEALAND**  
**STATEMENT OF ACCOUNTING POLICIES**  
**"How did we do our accounting?"**  
**FOR THE YEAR ENDED 31 MARCH 2021**

**STATEMENT OF ACCOUNTING POLICIES**

**REPORTING ENTITY**

The Council is a body corporate established by the Health Practitioners Competence Assurance Act 2003 (HPCAA) and is a Responsible Authority under that Act.

The financial statements have been prepared in accordance with generally accepted accounting practice in New Zealand (NZ GAAP) and have been prepared on the basis of historical cost.

The Council has elected to apply PBE SFR-A (PS) Public Benefit Entity Simple Format Reporting - Accrual (Public Sector) on the basis that it does not have public accountability and has total annual expenses of equal to or less than \$2,000,000. All transactions in the Performance Report are reported using the accrual basis of accounting. The Performance Report is prepared under the assumption that the entity will continue to operate in the foreseeable future.

**SPECIFIC ACCOUNTING POLICIES**

**INCOME RECOGNITION**

APC fees and disciplinary levies are recognised as revenue in the year to which they relate. Other revenue from service delivery (registration fees, examination fees, and other income) is recognised at the time the service is delivered to the customer. Disciplinary recoveries are provided for as a doubtful debt in full on recognition. Income relating to disciplinary recoveries is recognised only on receipt. Interest income is recognised as it is earned using the effective interest method.

**RECEIVABLES**

Receivables are stated at the amount owed less any impairment for amounts that are likely uncollectible.

**PROPERTY, PLANT & EQUIPMENT**

Initially stated at cost and depreciated as outlined below. Initial cost includes the purchase consideration plus any costs directly attributable to bringing the asset to the location and condition required for its intended use. Property, plant & equipment are shown at original cost less accumulated depreciation.

**Depreciation**

Depreciation has been calculated over the expected useful life of the assets on a straight line basis at the following rates

Computer Equipment	25.00%	Straight line
Office Equipment	13.0% - 33.0%	Straight line
Furniture & Fittings	12.5% - 33.0%	Straight line
Leasehold Improvements	20.00%	Straight line



**MIDWIFERY COUNCIL OF NEW ZEALAND**  
**STATEMENT OF ACCOUNTING POLICIES**  
**"How did we do our accounting?"**  
**FOR THE YEAR ENDED 31 MARCH 2021**

**STATEMENT OF ACCOUNTING POLICIES (continued)**

**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 impairment loss.

**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 6 years on a straight line basis.

**INCOME TAX**

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

**INVESTMENTS**

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

**GOODS & SERVICES TAX**

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

**LEASES**

Payments made under operating leases are recognised in the statement of financial performance on a basis representative of the pattern of benefits expected to be derived from the leased asset.

**CASH AND CASH EQUIVALENTS**

Cash and cash equivalents includes petty cash, deposits at cheque account and saving account with banks.

**EMPLOYEE ENTITLEMENTS**

Provision is made in respect of the Board's liability for annual leave at balance date. Annual leave has been calculated on an actual entitlement basis at current rates of pay. No provision is made for sick leave entitlement as this does not accumulate.

**CHANGES IN ACCOUNTING POLICIES**

There had been no change in accounting policies in the period. All policies have been applied on a consistent basis with those used in previous years.



**THE MIDWIFERY COUNCIL OF NEW ZEALAND  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2021**

	<i>NOTE</i>	<b>2021</b> \$	<b>2020</b> \$
<b>1. BOARD &amp; COMMITTEES</b>			
Conferences		0	3,336
Fees		70,417	86,050
Meeting expenses, training ,travel & others		28,348	43,408
Projects		159,526	189,516
		<b>258,291</b>	<b>322,310</b>
<b>2. SECRETARIAT</b>			
Audit fees		8,940	8,462
Bank fees		30,289	6,893
Depreciation & amortisation	4	30,392	45,311
IT software as a service expense (refer to the explanation on note 4)	4	213,051	0
Exam expenses		68,357	3,330
Information Technology		58,440	21,953
Legal costs		25,904	6,611
Occupancy costs		155,376	116,682
Other costs		140,588	130,620
Personnel costs		933,505	712,750
Professional fees		113,940	113,742
Telephone, Postage & Printing and Stationery		9,547	17,820
		<b>1,788,329</b>	<b>1,184,174</b>
<b>3. DISCIPLINARY EXPENSES</b>			
Professional Conduct Committee expenses		30,981	24,758
Health Practitioners Disciplinary Tribunal expenses		0	38
		<b>30,981</b>	<b>24,795</b>

**MIDWIFERY COUNCIL OF NEW ZEALAND  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2021**

<b>4. PROPERTY, PLANT &amp; EQUIPMENT AND INTANGIBLE ASSETS</b>					
<b>At 31 March 2021</b>	<b>Opening Carrying Value</b>	<b>Current Year Additions</b>	<b>Current Year Disposals/ Sales/ Adjustment</b>	<b>Net Depreciation, Amortisation &amp; Impairment</b>	<b>Closing Carrying Value</b>
Furniture & fittings	14,463	3,809	0	(3,879)	14,393
Computer equipment	13,926	2,588	0	(7,420)	9,093
Office refit	4,711	0	0	(4,711)	0
<b>Total Property, Plant &amp; Equipment</b>	<b>33,100</b>	<b>6,397</b>	<b>0</b>	<b>(16,010)</b>	<b>23,486</b>
Database & Website software	39,094	0	(22,500)	(14,382)	2,212
<b>Total Intangible Assets</b>	<b>39,094</b>	<b>0</b>	<b>(22,500)</b>	<b>(14,382)</b>	<b>2,212</b>

<b>At 31 March 2020</b>	<b>Opening Carrying Value</b>	<b>Current Year Additions</b>	<b>Current Year Disposals/ Sales</b>	<b>Net Depreciation, Amortisation &amp; Impairment</b>	<b>Closing Carrying Value</b>
Furniture & fittings	16,625	1,187	0	(3,349)	14,463
Computer equipment	15,611	5,433	(1,646)	(5,472)	13,926
Office refit	9,850	0	0	(5,139)	4,711
<b>Total Property, Plant &amp; Equipment</b>	<b>42,086</b>	<b>6,620</b>	<b>(1,646)</b>	<b>(13,960)</b>	<b>33,100</b>
Database & Website software	43,115	26,292	0	(30,313)	39,094
<b>Total Intangible Assets</b>	<b>43,115</b>	<b>26,292</b>	<b>0</b>	<b>(30,313)</b>	<b>39,094</b>

NOTE: In April 2021, the International Financial Reporting Standards Committee (IFRIC) released an Agenda decision that impacts the Financial Statements of 2021 accounts, this decision is retrospective and immediate. The Committee found that interpretation of the Accounting standards PBE IPSAS 31 Intangible assets was incorrect in relating to the configuration cost of Software as a Service (SaaS). The Council had spent \$22,500 in YE 2020 and \$220,951 in YE 2021, in configuration of the iMIS cloud database, this cost should be expensed as it is not an intangible asset under PBE IPSAS 31. The adjustment has been made in the current financial year.



**MIDWIFERY COUNCIL OF NEW ZEALAND  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2021**

	2021 \$	2020 \$
<b>5. INCOME IN ADVANCE</b>		
<i>Fees received relating to next year</i>		
APC fees received in advance	1,757,814	1,169,213
Discipline levy received in advance	136,913	140,217
	<b>1,894,727</b>	<b>1,309,430</b>

<b>6. ACCOUNTS RECEIVABLE</b>		
Accounts receivable	67,429	68,298
Doubtful Debts	(61,514)	(63,357)
Accrued income	198	3,635
	<b>6,112</b>	<b>8,576</b>

<b>7. EMPLOYEE COSTS PAYABLE</b>		
PAYE owing	17,009	15,348
Holiday pay accrual	43,281	28,152
Kiwisaver contributions owing	5,551	6,079
Salary accrual	10,552	5,546
Student loan owing	382	968
	<b>76,775</b>	<b>56,093</b>

<b>8. EQUITY</b>		
<b>General Reserve</b> (Accumulated surpluses with unrestricted use)		
Balance at 01 April	534,566	729,272
General Reserve Surplus/(Deficit) for year	(638,671)	(194,707)
<b>Balance at 31 March</b>	<b>(104,105)</b>	<b>534,566</b>
<b>Discipline Reserve</b>		
Balance at 01 April	241,733	107,492
Disciplinary levies & order	158,850	159,037
Discipline Costs	(30,981)	(24,795)
<b>Balance at 31 March</b>	<b>369,602</b>	<b>241,733</b>
<b>Total Reserves</b>	<b>265,497</b>	<b>776,299</b>

**General reserve** is used for operating expenses;

**Discipline reserve** is used for the Professional Conduct Committees (PCC) and Health Practitioners Disciplinary Tribunal (HPDT) costs.



# MIDWIFERY COUNCIL OF NEW ZEALAND

## NOTES TO THE FINANCIAL STATEMENTS

### FOR THE YEAR ENDED 31 MARCH 2021

#### 9. COMMITMENTS

The Council has an agreement with Nursing Council of New Zealand for the provision of back office corporate services. The Service Level Agreement is for a period of five years. The future estimated commitments based on the expected costs including in this agreement as at 31 March 2021 are: property \$33,405; corporate services \$62,102; total \$95,507.

	<b>2021</b>	<b>2020</b>
	\$	\$
Due in 1 year	62,102	59,312
Due between 1-2 years	62,102	0
Due between 2-5 years	175,954	0
	<b>300,158</b>	<b>59,312</b>

Contractual commitments for operating leases of premises at Level 5, 22 Willeston Street, Wellington.

	<b>2021</b>	<b>2020</b>
	\$	\$
Due in 1 year	33,405	31,198
Due between 1-2 years	33,405	0
Due between 2-5 years	94,648	0
	<b>161,458</b>	<b>31,198</b>

The figures disclosed above reflect the Council's rent, as currently payable. The lease agreement is in the name of Nursing Council of New Zealand.

#### 10. RELATED PARTY TRANSACTIONS

Total remuneration paid to the council members during the year is as follows. The remuneration paid includes fees paid in attendance at council meetings and other council activities.

	<b>2021</b>	<b>2020</b>
	\$	\$
Debbie Fisher (Board member, finished 01/07/2020)	1,500	4,050
Christina Mallon (Chairperson)	10,952	7,510
Deborah Fawcett (Board member)	7,313	4,880
Mahia Winder (Board member)	7,386	5,060
Theodora Baker (Board member, finished 15/12/2020)	4,125	5,425
Kerry Adams (Deputy chair)	8,777	5,765
Ngatepaeru Marsters (Board member, finished 01/07/2020)	1,078	5,845
Melanie Tarrant (Board member)	9,516	6,740
Judith Cottrell (Board member, started 23/06/2020)	6,797	0
Ngarangi Pritchard (Board member, started 23/06/2020)	6,375	0
	<b>63,817</b>	<b>45,275</b>





# MIDWIFERY COUNCIL OF NEW ZEALAND

## NOTES TO THE FINANCIAL STATEMENTS

### FOR THE YEAR ENDED 31 MARCH 2021

#### 11. CONTINGENT LIABILITIES

There were no contingent liabilities or guarantees as at balance date (2020: \$Nil).

#### 12. CREDIT CARD FACILITY

The Council has a credit card facility of \$20,000 limit, held with Westpac.

#### 13. CAPITAL COMMITMENTS

There are no capital commitments at balance date. (2020: \$Nil)

#### 14. EVENTS AFTER BALANCE DATE

There were no events that have occurred after balance date that would have a material impact on the Performance Report. (2020 \$Nil)

#### 15. SHARED SERVICES

In 2015/16, Nursing Council of New Zealand, Occupational Therapy Board of New Zealand, Podiatrists Board of New Zealand, Dietitians Board, Midwifery Council of New Zealand, Psychotherapists Board of Aotearoa New Zealand, Osteopathic Council of New Zealand, Chiropractic Board, Psychologist Board, and Optometrists & Dispensing Opticians Board entered into an agreement to co-locate to 22 Willeston Street, Wellington. The lease agreement for 22 Willeston Street (signed solely by Nursing council of New Zealand) is for five years taking effect from 01 February 2021 and expiring on 01 February 2026.

To facilitate the management of shared resources, including a joint lease agreement for office rental purposes and corporate supports, the ten RAs entered into an agreement for the provision of corporate services.



**INDEPENDENT AUDITOR'S REPORT  
TO THE READERS OF MIDWIFERY COUNCIL OF NEW ZEALAND'S  
PERFORMANCE REPORT FOR THE YEAR ENDED 31 MARCH 2021**

The Auditor-General is the auditor of the Midwifery Council of New Zealand. The Auditor-General has appointed me, Chrissie Murray, using the staff and resources of Baker Tilly Staples Rodway Audit Limited, to carry out the audit of the performance report of the Midwifery Council of New Zealand on his behalf.

**Opinion**

We have audited the performance report of the Midwifery Council of New Zealand, that comprise the entity information, the statement of financial position as at 31 March 2021, the statement of financial performance, the statement of movements in equity and statement of cash flows for the year ended on that date and the notes to the performance report that include accounting policies and other explanatory information.

In our opinion the performance report of the Midwifery Council of New Zealand presents fairly, in all material respects:

- the entity information,
- its financial position as at 31 March 2021; and
- its financial performance and cash flows for the year then ended; and
- comply with generally accepted accounting practice in New Zealand and have been prepared in accordance with Public Benefit Entity Simple Format Reporting – Accrual (Public Sector).

Our audit was completed on 17 September 2021. 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 relating to the performance report, 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 Professional and Ethical Standards and International Standards on Auditing (New Zealand) issued by the New Zealand Auditing and Assurance Standards Board. Our responsibilities under those standards are further described in the Responsibilities of the Auditor section of our report.

We have fulfilled our responsibilities in accordance with the Auditor-General's Auditing Standards.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

**Responsibilities of the Council for the performance report**

The Council is responsible for preparing the performance report that is fairly presented and that complies with generally accepted accounting practice in New Zealand.

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

In preparing the performance report, the Council is responsible on behalf of the Midwifery Council of New Zealand for assessing the Council's ability to continue as a going concern. The Council is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting, unless there is an intention to liquidate the Midwifery Council of New Zealand or to cease operations, or there is no realistic alternative but to do so.

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

### **Responsibilities of the auditor for the audit of the performance report**

Our objectives are to obtain reasonable assurance about whether the performance report, as a whole, is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit carried out in accordance with the Auditor-General's Auditing Standards will always detect a material misstatement when it exists. Misstatements are differences or omissions of amounts or disclosures, and can arise from fraud or error. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of readers taken on the basis of the performance report.

We did not evaluate the security and controls over the electronic publication of the performance report.

As part of an audit in accordance with the Auditor-General's Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. Also:

- We identify and assess the risks of material misstatement of the performance report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- We obtain an understanding of internal control relevant to the audit 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.
- We evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the governing body.
- We conclude on the appropriateness of the use of the going concern basis of accounting by the Council and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Midwifery Council of New Zealand's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the performance report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Midwifery Council of New Zealand to cease to continue as a going concern.
- We evaluate the overall presentation, structure and content of the performance report, including the disclosures, and whether the performance report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Council regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Our responsibility arises from the Public Audit Act 2001 and section 134(1) of the Health Practitioners Competence Assurance Act 2003.

**Independence**

We are independent of the Midwifery Council of New Zealand in accordance with the independence requirements of the Auditor-General's Auditing Standards, which incorporate the independence requirements of Professional and Ethical Standard 1 (Revised): *Code of Ethics for Assurance Practitioners* issued by the New Zealand Auditing and Assurance Standards Board.

Other than the audit, we have no relationship with, or interests in, the Midwifery Council of New Zealand.



Chrissie Murray  
Baker Tilly Staples Rodway Audit Limited  
On behalf of the Auditor-General  
Wellington, New Zealand



# 8. Contact details

## Secretariat

Staff members of the Midwifery Council at 31 March 2021 were:

Chief Executive and Registrar:	<b>Susan Calvert</b>
Deputy Registrar:	<b>Vacant</b>
Senior Advisor Midwifery Regulation	<b>Nicky Jackson</b>
Senior Advisor Midwifery Quality improvement and projects	<b>Karen Daniells</b>
Policy and Risk Advisor:	<b>Vacant</b>
Operations manager:	<b>Justin Murrell</b>
Programmes Administrator:	<b>Haare Stewart-Shaw</b>
Registration Officer	<b>Christine Whaanga</b>
Registration and accounts officer	<b>Jess Siekmann</b>
Notifications Officer	<b>Jill Kelly</b>
Aotearoa Midwifery Project Manager	<b>Karina Kwai</b>
Executive Assistant	<b>Liz Fisher</b>

## Legal advisors

<b>Matthew McClelland</b>	<b>Adam Lewis</b>	<b>Luke Cunningham Clare</b>	<b>Jo Hughson</b>
Harbour Chambers	Harbour Chambers	PO Box 10357	Pipitea Chambers
PO Box 10-242	PO Box 10-242	Wellington 6143	P O Box 10-450
The Terrace	The Terrace		The Terrace
Wellington 6143	Wellington 6143		Wellington 6143

## Bankers

### Westpac

PO Box 691  
Wellington 6011

## Communications advisor

### Leigh Bredenkamp

e-Borne Solutions Ltd  
PO Box 28 115, Kelburn  
Wellington, 6150

## All correspondence to the Council should be addressed to:

Midwifery Council	Email: <a href="mailto:info@midwiferycouncil.health.nz">info@midwiferycouncil.health.nz</a>
PO Box 9644	Tel: (04) 499 5040
Marion Square	Fax: (04) 499 5045
Wellington 6141	





**Midwifery Council**  
Te Tatau o te Whare Kahu