



**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 2022



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.

Facts at a glance

We registered

123 New Zealand educated midwives

54 internationally qualified midwives

3 midwives completed a Return to Practice programme

8 midwives completed a Return to New Zealand practice programme



We received

35 referrals involving midwives' competence

66 notifications involving midwives' conduct

72 notifications involving midwives' health

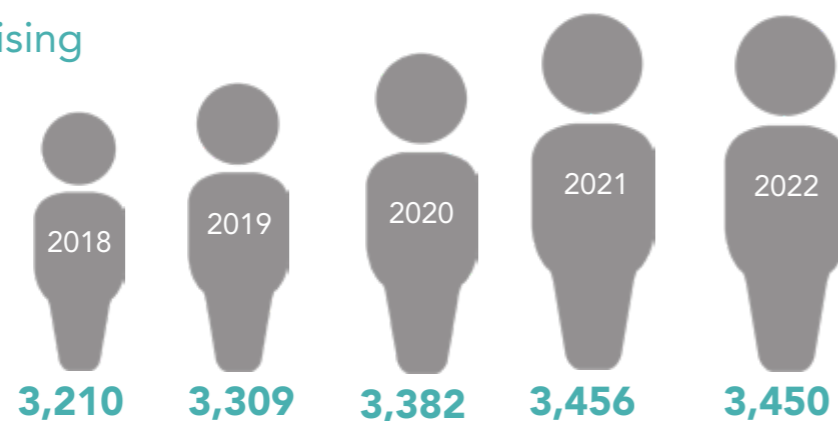
Outcomes

Referred **14** midwives to a Professional Conduct Committee

Conducted **17** competence reviews

Required **40** 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.
- Prescribe the qualifications required of registered midwives
- Accredit 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 Māori
- 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



Chris Mallon

Chair'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 chairperson of Te Tatu o te Whare Kahu | Midwifery Council from December 2017 until February 2022, I want to acknowledge the continued dedication and commitment of midwives across Aotearoa New Zealand. As at 31 March 2022 Aotearoa had experienced multiple lockdowns and restrictions which meant that midwives and student midwives have learned to work and operate in new and innovative ways which has necessitated learning new skills and changes to practice.

The Council's role is public safety and COVID-19 has meant that it too has adapted and changed. Its primary focus is to ensure that midwives are fit and competent to practise, therefore while it has granted midwives an extension on requirements 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 COVID-19 pandemic.

Setting strategic priorities

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. As regulators our role is to ensure public safety - its the focus of our strategy, actions and decision making. In January 2022 we met to consider whether our strategy remained fit for purpose and identified that our key priority is that the Council clearly articulates and demonstrates its commitment to Te Tiriti o Waitangi and cultural safety in midwifery practice. In setting our strategic priorities, we were aided by Tikanga Advisor Iris Pahau, who mentored the Council on its journey to become Te Tiriti honoring. The Council is a responsible authority under the Health Practitioners Competence Assurance Act 2003 and as such is independent from the



Ngarangi Pritchard



Kerry Adams

Crown. Notwithstanding, the Council acknowledges Te Tiriti o Waitangi as the foundation of the relationship between Tangata Whenua and Tangata Tiriti in Aotearoa New Zealand.

The Council's Strategic Plan (2018-2023) states the first strategic objective for the Council is to clearly articulate and demonstrate its' commitment to Te Tiriti o Waitangi and cultural safety in midwifery practice. Key outcomes include making sure the board and secretariat work in a way that is Te Tiriti honoring, that there is a clear commitment by the Council to Cultural Safety and equity for wahine and pepe.

As a tangible demonstration of its commitment to Te Tiriti, the Board agreed to adopt a three whare model approach to governance. We also unanimously decided to model co-governance and moved to appoint a Tangata Whenua Co-chair (Ngarangi Pritchard) and a Tangata Tiriti Co-chair (Kerry Adams). Accordingly, I stepped aside from the Chair position and am happy to support Ngarangi and Kerry in their new role.

A word from the Co-chairs

As Co-chairs, we are excited to take on the new challenges and opportunities as we work together to learn more about ways that the Council, as a responsible authority, can become Te Tiriti o Waitangi honoring. One of the key strategic projects that was initiated during 2020-2021 is the Aotearoa Midwifery Project which involved reviewing the Midwifery Scope of Practice, the Standards of Competence, and the Pre-Registration Standards. The Council approved this work and has been involved in the development of this work through the year. The Council acknowledges that there have been delays in providing the revised documents to midwives, however the project itself went under a large transformation by adopting a Te Tiriti approach to this work. This has meant that the Council has appointed two co-chairs and a Collaborative Reference Group (CRG) to complete this work. The CRG are using a three Whare model to operate and make decisions.

This year we said farewell to Council member, Debbie Fawcett whose term on Council ended. We wish to thank Debbie for her time and commitment to the Council - we will miss her energy, good humour and professionalism.

As always we wish to express our thanks to Sue and the team in the office who have continued to work and to provide services to midwives throughout these turbulent times. The Council could not function without the secretariat who have successfully managed to adapt their ways of working during the ongoing pandemic.

**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 Mallon

Chairperson

Ngarangi Pritchard

Tangata Whenua Co-Chair

Kerry Adams

Tangata Tiriti Co-Chair

Members of the Midwifery Council at 31 March 2021

During 2021-2022 Board member Debbie Fawcett completed her term on Council.

There is currently a vacancy on the Council for a lay member. We are working with the Ministry of Health to fill that role.



From top left: Chris Mallon (Chairperson until February 2022), Ngarangi Pritchard (Tangata Whenua Co-Chair from February 2022), Kerry Adams (Tangata Tiriti Co-Chair from February 2022), Melanie Tarrant (Lay member), Jude Cottrell, Mahia Winder

Strategic Objectives 2018 – 2021 (revised February 2021)

Strategic Objective 1

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 equity for wahine and pepe.
- The Board demonstrates commitment to Te Tiriti.
- Tangible measures for cultural safety are developed.

Strategic Objective 2

Ensure standards of clinical and cultural competence means that midwives are competent and fit for midwifery practice. Set the necessary standards of clinical and cultural competence including competencies that will enable effective interaction with Tangata Whenua and that define safe practice in this context.

Outcome

- A revised scope of practice statement, set of standards of competency for entry to the register of midwives 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 standard to enter the register.
- Recertification programmes are aligned to the new framework
- Return to practice and international registration processes are aligned to the new framework.

As a Board our role is to set the strategic direction of Te Tatau o te Whare Kahu | Midwifery Council.

Strategic Objective 3

Whānau view midwives as competent, honest and culturally safe. Stakeholders understand the safety role of Te Tatau o te Whare Kahu | Midwifery Council.

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 and their whānau and by midwives and women view midwifery as a trustworthy profession.
- Robust data supports the work of the Council and highlights priorities for action.
- Publications provide information about the Council.

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 - Chairperson \$950 per day
- Meetings - Members \$750 per day
- Half day meetings are proportional

Council meetings

During 2021-2022, the Council held a number of meetings, either face to face or via Zoom depending on the COVID-19 alert level, with more online meetings being held.

The finance, audit and risk management committee also met quarterly. The purpose of this committee is to assist the Council in discharging its responsibilities relative to financial accountability, control framework and risk management assurance.

The committee comprises three Council members, Melanie Tarrant (chair), Ngarangi Pritchard and Kerry Adams. It also includes Brent Kennerley an audit partner who provides expert advice to support the work of the committee.

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

	Fees received \$
C Mallon (Chairperson until 11/02/2022, now Board member)	14,280
N Pritchard (Co-Chair from 11/02/2022)	10,044
K Adams (Deputy chairperson, Co-Chair from 11/02/2022)	11,991
J Cottrell	12,797
D Fawcett	11,438
M Tarrant	13,500
M Winder	10,266
*Gross income – includes resident withholding tax	

Council education

Due to COVID-19 opportunities for development were limited. All Council and most staff attended a combined Te Tiriti o Waitangi workshop. Other training included workshops on:

- Privacy
- New Zealand's Regulatory System
- Cyber Security training
- Regulatory Concepts and Models
- Core Knowledge of the Law
- Regulatory Compliance Activities
- Information Management
- Professional conduct, communication, and interaction
- Workplace Te Reo

Orientation programmes for new Council members were established in 2020.

2. Secretariat



Tumu Whakahaere | Chief Executive's report

Tēnā koutou katoa. Midwives have been faced with many challenges during the past year, but have continued to provide midwifery services - hospital, community based, education and midwifery 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 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 following practising year. The number of midwives who have left the profession in the last year has increased and many parts of the country are short of midwives. While some strategies are in place to address this, strategies take time to work, and the Council is aware the midwifery shortage is more immediate.

A significant number of midwives are due to retire over the next few years, and there are insufficient numbers of new graduates being educated to fill vacant positions. Since the start of the COVID-19 pandemic, numbers of international registrations have increased. However, with this comes challenges of integration into Aotearoa practice. A decreasing workforce places the health and safety of the birthing population at risk and impacts the workforce.

Clinical coach initiative announced in July 2021

The Council believes the launch of a range of new midwifery initiatives is a positive development for a workforce that is stretched and under pressure in Aotearoa.

The initiatives, announced in July 2021 by the Associate Minister of Health, include funding for a new midwife clinical coach role within maternity facilities. Senior midwives appointed in these roles provide additional support to colleagues, including midwives who may be new to the service area, or new graduate midwives. They will also act in a supervisory capacity for midwives who are renewing their practising certificates after taking a break.

In addition to the creation of the clinical coach role, the new initiatives will include funding to reduce the financial burden associated with other return to practice costs, such as additional education and training requirements.

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 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 commenced at Victoria University of Wellington. It is hoped that this will mean that more graduates are able to enter the workforce. However the first graduating class is not expected until 2023.

Performance Review

In 2021, the Ministry of Health undertook performance reviews with all the Responsible Authorities. The Council's review was very positive with some minor recommendations that the Council is considering.

One recommendation from the review was that the Council continue to review the Register of Midwives. An action from this is for the Council to establish a regular review of the Register - the processes for this are clearly outlined in the HPCA Act. The Register needs to be an accurate reflection of practising and non-practising midwives in Aotearoa.

The Council will contact all midwives who held an Annual Practising Certificate (APC) in 2021-2022 to ascertain if they are practising. Midwives who are not practising and who have not renewed their APC will be given options regarding ongoing registration. The Council will also contact midwives on the register for the next practising year who have not held an APC for a number of years to determine whether they wish to cancel their registration.

Vaccine mandate

In October 2021, the Government announced that it was extending mandatory vaccination against Covid-19 to workers in the health and disability sector - this included all midwives.



Dr Susan Calvert was Chief Executive and Registrar for the 2021 to 2022 financial year. Sue resigned from her position in September 2022. This Annual Report has been overseen by the Acting Chief Executive and Registrar, Jessica Schreiber.

The Council expects midwives to adhere to the laws of Aotearoa and to comply with the mandatory COVID-19 Vaccination Order. Midwives who did not comply were not able to work unless they had a medical exemption from the Ministry. Midwives have an ethical and professional obligation to protect and promote the health of whānau, and vaccination is crucial to reducing the community risk of acquiring and transmitting COVID-19. Vaccination is one way that midwives protect whānau as well as protecting colleagues and other health practitioners who care for wāhine and whānau. Practising midwives needed to be fully vaccinated against COVID-19 by 1 January 2022.

Midwives are expected to provide whānau with evidence-based advice and information. While the Council supports midwives to enable informed decision making and respects the individual's right to their own opinion, it is the Council's view that there is no place for anti-vaccination messages in professional practice, nor any promotion of anti-vaccination claims on social media platforms or advertising by midwives.

The Council received and acted on a number of complaints about midwives promoting anti-vaccination views or spreading misinformation. Actions taken included education; requiring them to undergo a competence review; or referring them to a professional conduct committee.

Te Tatau o te Whare Kahu ki Hine Pae Ora | 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 on the Project continued through the financial year, and culminated in the Council receiving the draft Midwifery Scope of Practise statement from the Collaborative Reference Group in November 2021. This draft Scope statement was released by Te Tatau o te Whare Kahu | Midwifery Council on 17 February via email notification to all midwives with an APC. Relevant organisations were also sent the document for comment. Feedback closes on 26 April 2022 and will be reported on in the next Annual Report. Work on the Standards of Competence and Pre-registration Education Standards has begun.

Engagement with stakeholders

The Council holds regular meetings with DHB midwifery leaders, heads of schools of midwifery, the Ministry of Health, and Midwifery Employee Representation and Advisory Service (MERAS). These meetings provide opportunities for timely communication around the business of the Council and develop avenues for regular communication and updates.

Connecting with the workforce

Te Tatau o te Whare Kahu | Midwifery Council undertook several consultations during 2021 and 2022.

Recertification Programme for Midwives closed on 15 November 2021

The Council requested feedback on proposed changes to the Recertification Programme:

- That the Council mandates the content of the continuing education component of the Recertification Programme for midwives.
- That the Council makes completion of the course Integrating Abortion Care into the Midwifery Scope of Practice mandatory for the period 1 April 2022 – 31 March 2023.

Midwifery-Led Abortion Care closed on 19 November 2021

The Council sought feedback on a proposal to regulate Midwifery-Led Abortion Care as an additional scope of practice for midwives.

Annual Practising Certificate Fees 2022/23 closed on 28 January 2022

The Council proposed to increase the APC fee. The Council wished to gather views from the sector to inform its decision on a proposed fee increase.

Feedback on the revised Scope of Practice statement in February 2022.

Based on the received feedback, the Council will make a few necessary adjustments to the Scope statement and then seek feedback on those changes from the sector.

I wish to thank the staff for all their energy, commitment and enthusiasm in what has been yet another challenging and busy year. Staff have shown admirable resilience and a willingness to adopt new ways of working. During 2021 we have seen a number of staff changes and the introduction of new roles, including filling the position of Deputy Registrar. Having additional capacity within the office means that professional advice is readily available.

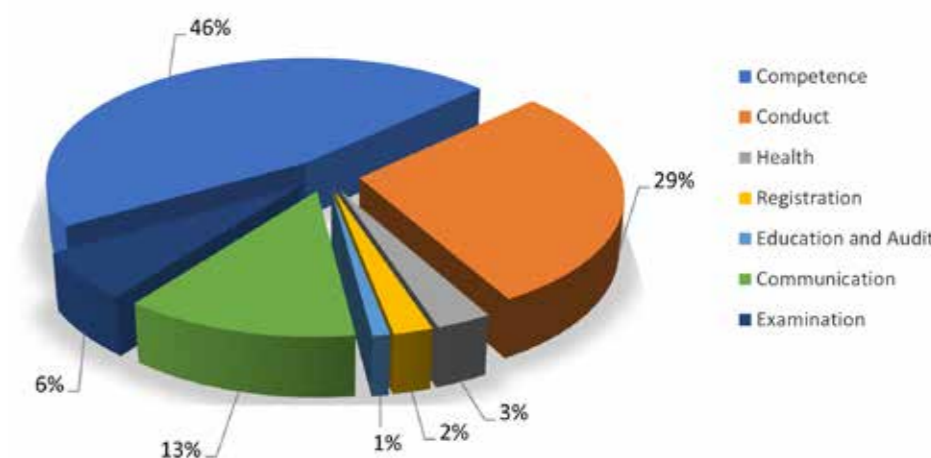
While 2021 and 2022 have been busy, I look forward to the opportunities that the new financial year will bring.

Ngā manaakitanga,



Jessica Schreiber
Acting Chief Executive
and Registrar

Summary of expenditure 2021 - 2022



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 completed the evidence based review of the Midwifery Scope of Practice. 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 (CRG) comprised a number of midwives and consumers, both Tangata Whenua and Tangata Tiriti, from across the maternity sector. During 2021 a Project Working Group was convened from members of the CRG to review the Standards of Competence. Work has also commenced on reviewing the Pre-Registration Education Standards.

Abortion Care

The Council agreed in March 2020 that the provision of midwifery-led abortion care sat within the Midwifery Scope of Practice, although the decision to provide care was made by individual clinicians. Abortion Legislation education is a requirement for all midwives during the 2022 - 2023 recertification period. The course "Introduction to the Abortion Legislation and Midwifery Roles and Responsibilities" is available for midwives to complete. Te

Kura Matatini ki Otago | Otago Polytechnic has provided self-enrolment instructions for the course. The Abortion Law Reform education is focused on what the change in law means for all health practitioners – midwives included – regardless of their belief systems.

Completion of this midwifery-led education does not make a midwife competent to provide midwifery -led abortion care. Further education will be provided for those who want to provide midwifery-led abortion care. Work will commence on preparing the Midwifery-Led Abortion Care Scope of Practice, Standards of Competence and education requirements which will be sent to the sector for consultation. Currently there is no education accredited by the Council that enables midwives to provide midwifery-led abortion care.

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 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 Te Herenga Waka | Victoria University of Wellington, the Council appointed a monitor to review and report on implementation of the programme.

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 online examination, work had been undertaken that considered the examination construction and the examination blueprint.

Moving the examination 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 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 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 applicants satisfy the requirements for registration as set out in s15 of the Act. The new database means that applications can be tracked and processed immediately once complete and assessed. Applicants then receive automatic notification of their application decision.

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

Table 1: Applications for registration decided in the 2021 – 2022 year

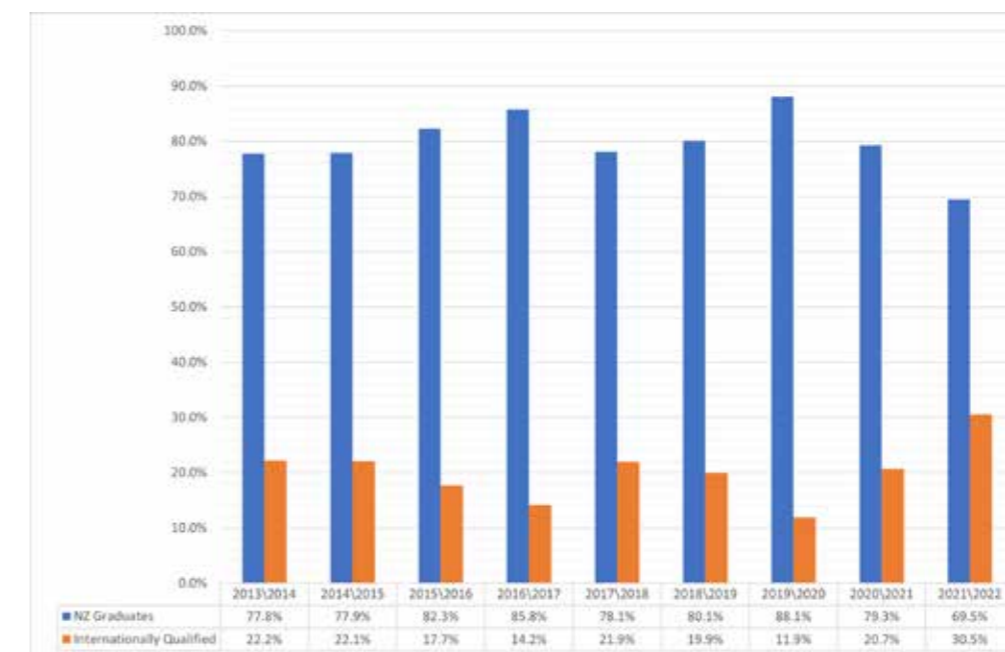
	HPCAA section	Number	Outcomes		
			Registered	Registered with conditions	Not registered
Total	15	-	177	-	-
Reasons for non-registration*	-	-	-	-	-
Qualifications did not meet required standard	15b	-	-	-	-
Did not meet the competencies for practice	15c	-	-	-	-

* 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 2021 and 31 March 2022 with comparisons with previous years

Type/Year	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
NZ graduates	147	134	130	127	146	173	214	115	123
Australian TTMRA*	13	15	22	11	19	24	13	10	16
Internationally qualified	29	23	6	10	22	19	16	20	38
Total	189	172	158	148	187	216	243	145	177

Table 3: Percentage of registrations between 1 April 2021 and 31 March 2022 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 of Midwives. However there is a need to ensure a sustained number of graduates enter the profession.

Figures show that the number of graduates in 2021-2022 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 Māori and Pasifika students to complete their programmes, the Ministry of Health launched the Te Awa o Hine, Tapu Ora initiative.

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, and whether they practise as a Lead Maternity Carer or as a core midwife.

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 the Trans Tasman Mutual Recognition Act (TTMRA). Since November 2014, the Council has required any new graduates registering under the TTMRA to also complete the MFYP programme.

In addition to completion of the MFYP the Council also receives reports from a supervisor they meet with monthly until completion of the overseas competency programme about the competence of Australian qualified new graduates.

Australian new graduates are not able to 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.

Competence Programmes for internationally qualified midwives

All internationally qualified midwives including applicants registering under the TTMRA 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 competence programme in 2020. This included the requirement for all internationally qualified 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

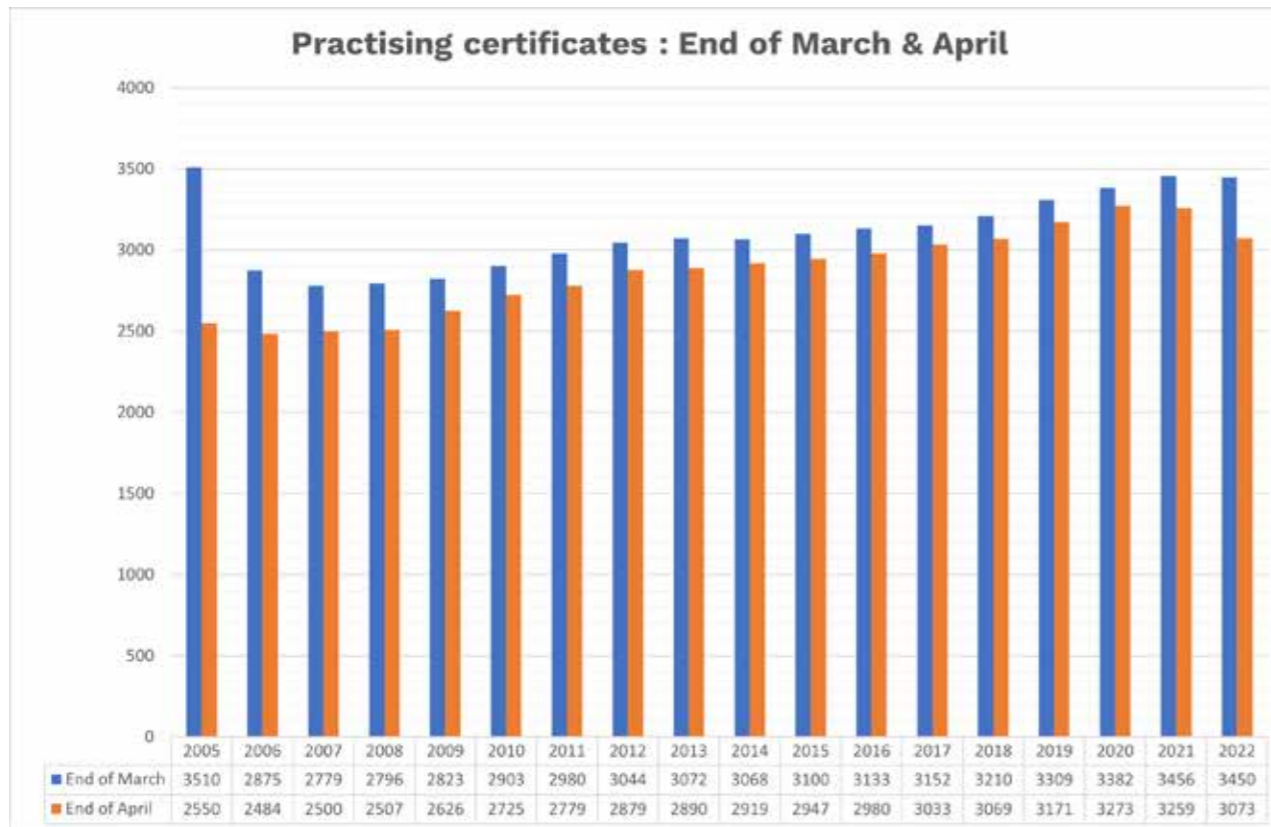
The Council has the responsibility to:

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

Table 4: Applications for an annual practising certificate 2021/22

	HPCCA Section	Number	Outcomes			
			APC no conditions	APC with conditions	Interim	No APC**
Total	-	3,073	2,826	247	-	-
Reasons for 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 APCs granted each year continues to rise and at the end of the 2021-2022 practising year 3,450 had been issued.

Table five shows that, for the first time, the number of practising certificates at the end of April was slightly 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 required to meet workforce needs.

Fees

The Council undertook a consultation in late 2021 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.

After an increase was necessitated in 2022, the Council 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 of Midwives.

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 2021-2022 is three, with one midwife not completing the programme. Further, that 51 midwives have successfully completed the programme over the last six 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 2021/2022



Return to New Zealand practice

The Council also requires midwives who return to Aotearoa New Zealand after practising overseas, 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 2021-2022 eight 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 35 competence referrals during 2021-2022. Of these there were nine stage one competence reviews and twelve stage two reviews. Not all competence referrals progress to competence reviews – a competence review is just one of a range of decisions that the Council can take when a notification is received about a midwife's competence.

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/case review panels during the 2021-2022 year were:

Diana Austin	Fiona Coffey	Susan
Crabtree	Joyce Croft	
Pauline Dawson	Melissa Dorr	
Linda Elvines	Caroline Hever	
Marion Hunter	Elizabeth James	
Annie Kinloch	Teresa Krishnan	
Xiaoli Liu	Kathryn Ogilvy	
Matty van Oosterom	Adrienne Priday	
Rachel Taylor	Victoria Taylor	
Andrea Vincent	Jade Wratten	
Mahia Winder		

Table 7: Competence referrals

Source	HPCAA Section	Number
Health Practitioner (Under RA)	34 (1)	4
Health and Disability Commissioner	34 (2)	9
Employer	34 (3)	-
Other (includes ACC and Coroner)	-	22
Total	-	35

The Council received 35 notifications regarding midwives' competence to practise during the time period 1 April 2021 – 31 March 2022.

Table 8: Outcomes of competence referrals

Outcomes	HPCCA Section	Number			
		Existing (at 1 April 2021)	New	Closed	Still active
(Total number) initial inquiries	-	35	32	10	27
No further action	-	Not applicable			Not applicable
Notification of risk of harm to public	35	-	-	-	-
Orders concerning competence	38	26	-	-	-
Interim suspensions/ conditions	39	-	-	-	-
Competence programme	40	26	5	11	20
Recertification programme	41	-	-	-	-
Unsatisfactory results of competence or recertification programme	43	-	-	-	-

Table 10 provides the outcomes of competence referrals. This includes those notifications referred to in the previous table as well as competence referrals that were in progress from previous years.

b. Recertification/continuing competence

Recertification Programme

The Recertification Programme requires midwives to undertake various education courses and activities over a three year period so 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 associated lockdown 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 is aware of the

stresses placed on the workforce during the past two years and of the problems faced by midwives and educators attempting to provide face to face education. These problems included 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 part of their continuing midwifery education requirement.

The components of the Recertification Programme until 31 March 2022 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 37 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, from 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 Standards 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 a practising certificate.

Cultural Competence

The Council's Statement on Cultural Competence explains how culturally competent midwives must draw on the three frameworks of Midwifery Partnership, Cultural Safety and Tūranga Kaupapa in order to build and maintain relationships with wahine | 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 TTMRA, 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

As at 1 April 2021, 82 midwives were under health monitoring following referrals in previous years. The Council received 25 new notifications during the last financial year about a midwife's health which had affected their practice, with 87% of the notifications being disclosures from the midwife themselves. The figures presented below show the source of notification/disclosure and are for cases which were closed or health orders discharged in this time period.

As at 31 March 2022, 50 actively practising midwives were under health monitoring voluntarily and 8 midwives practising with condition under s50 of the Act on their scope of practise. 40 midwives remained alerted to health but were not practising at this date. 4 had previously had conditions imposed under s50.

Table 10 provides the status of current health 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/disclosures.

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

Source	HPCCA Section	Numbers			
		Existing (at 1 April 2021)	New	Closed	Still active
Health service	45 (1) a	1	1	-	-
Health practitioner	45 (1) b	66	21	14	52
Employer	45 (1) c	13	3	3	13
Medical officer or health	45 (1) d	-	-	-	-
Any person	45 (3)	2	-	-	2
Person involved with education	-	-	-	-	-

Table 10: Outcomes of health notifications open cases as at 31/3/22

Outcomes	HPCAA Section	Number of practitioners (active)	Number of practitioners (inactive but alerted to health)
Voluntary Health monitoring	-	42 (13)	36 (2)
Awaiting process	-	-	4*
Interim suspension	48	-	-
Conditions	48	-	-
Order medical examination	49	1*	2
Restcitions or conditions	50	8 1*	4 1*

*New from 1/4/21-31/3/22

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 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 68 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 Council's attention during this time. Compared to previous years, there is an increase in the total number of complaints that the Council has considered, particularly relating to social media.

Table 11: Complaints re conduct from various sources and outcomes during 2021 – 2022 year

Source	Number	Outcome		
		No further disciplinary action	Referred to Professional Conduct Committee	Referred to the Health and Disability Commissioner
Consumers	25	10	2	-
Health and Disability Commissioner	3	-	1	-
Health practitioner (Under RA)	21	1	7	-
Other health practitioner	1	-	-	-
Courts notice of conviction	-	-	-	-
Employer	2	-	2	-
Other	16	1	5	-

b. Professional Conduct Committees

The Council has a pool of experienced midwives from which to draw as required for Professional Conduct Committees. Each Professional Conduct Committee has a lay member. One member must act as Chair.

Members of Professional Conduct Committees during the 2021-2022 year were:

Sharon Gemmell (Chair)	Sandy Gill (Chair)
Phyllis Huitema (Chair)	Bernard Kendall (Chair)
Diana Austin	Rachel Cassie
Joyce Croft	Pauline Dawson
Nichollette Emerson	Linda Elvines
Christine Griffiths	Marion Hunter
Liz James	Teresa Krishnan
Susanne Miller	Jacqui Paine

Table 12: Professional Conduct Committee cases

Nature of issue	Source	Number	Outcome
Fraudulent claiming	MOH	1	Ongoing
Concerns about standards of practice	-	3	Ongoing
Notification of conviction	-	-	-
Theft	-	-	-
Conduct	-	4	Ongoing
Practising outside scope	-	-	-
Practising without annual practising certificate	-	6	Ongoing

Outcomes of PCC cases closed in 2021-22:

No further action	3
Review competence/fitness to practise	2
Counselling	2

c. Health Practitioners Disciplinary Tribunal

There was one case that involved a midwife during 2021-2022.

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 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 2021/2022.



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 the last financial year due to travel restrictions. Monthly meetings between Chief Executives to discuss relevant matters were established in early 2021.

Ministry of Health

The Council has met with the Maternity Advisors and Maternity Team from the Ministry of Health 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.

The Chief Executive and Registrar, Dr Susan Calvert, and Senior Advisor Quality Improvement, Karen Daniells were also on the National Abortion Clinical Guideline development organised by Ministry.

Health Workforce is now a separate unit within the Ministry, whose role includes regulation. In the 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 COVID-19 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 Schools during continued rolling lockdowns, 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 Senior Advisor Quality Improvement, Karen Daniells is on the Fetal Heart Rate monitoring arm of the Neonatal Encephalopathy Taskforce work.

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.

Responsible Authority Collaborations

Throughout COVID-19 restrictions, registrars from a number of responsible authorities co-located with the Council, met regularly to discuss matters of common interest. These matters have continued since the return to the work place. In addition all responsible authorities meet quarterly. The focus of meetings during 2021-2022 was both COVID-19 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 Project). The Council has approved this work and the Project has been involved in its development through the year.

The purpose of the 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 formation of the Aotearoa Midwifery Collaborative Reference Group (CRG) is exciting. The group's purpose is to expertly guide the Council's review through

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

collaborative partnership, and robust, transparent, relationships.

The Project underwent a large transformation by adopting a Te Tiriti o Waitangi approach to its work. This meant that the Council 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 used a Three-Whare model to operate and make decisions. The CRG finalised the draft Midwifery Scope of Practice statement in November and it was circulated for feedback in February 2022. Work has begun by the Project Working Group on the Competencies for Entry to the Register of Midwives.



7. Finance

MIDWIFERY COUNCIL PERFORMANCE REPORT FOR THE YEAR ENDED 31 MARCH 2022

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MIDWIFERY COUNCIL ENTITY INFORMATION "Who are we?", "Why do we exist?" FOR THE YEAR ENDED 31 MARCH 2022

Legal Name of Entity: MIDWIFERY COUNCIL

Type of entity and Legal Basis : The Midwifery Council (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

Website: www.midwiferycouncil.health.nz

MIDWIFERY COUNCIL
STATEMENT OF FINANCIAL PERFORMANCE
"How was it funded?" and "What did it cost?"
FOR THE YEAR ENDED 31 MARCH 2022

	Notes	2022 \$	2021 \$
REVENUE			
APC fees		1,881,910	1,220,728
Disciplinary levy		149,957	150,522
Disciplinary penalties		13,714	8,328
Examination fees		23,454	21,739
Interest income		9,531	16,526
Other income		69,032	48,692
Registration fees		102,391	100,265
Total Revenue		2,249,989	1,566,799
LESS EXPENDITURE			
Board & committees	1	192,318	258,291
Secretariat	2	1,656,100	1,788,329
Disciplinary expenses	3	100,992	30,981
Total Expenditure		1,949,410	2,077,602
Net Surplus/(Deficit)		300,579	(510,802)

MIDWIFERY COUNCIL
STATEMENT OF MOVEMENT IN EQUITY
FOR THE YEAR ENDED 31 MARCH 2022

		2021 \$	2021 \$
Accumulated funds at the beginning of period		265,497	776,299
Net surplus/(deficit) for the period		300,579	(510,802)
Accumulated funds at the end of period	8	566,076	265,497

The attached notes form part of these financial statements.



MIDWIFERY COUNCIL
STATEMENT OF FINANCIAL POSITION
"What the entity owns?" and "What the entity owes?"
AS AT 31 MARCH 2022

	Notes	2022 \$	2021 \$
CURRENT ASSETS			
Cash and cash equivalents		1,131,055	1,115,953
Investments		1,754,597	1,421,464
Accounts receivable	6	2,380	6,112
Prepayments		32,146	35,065
TOTAL CURRENT ASSETS		2,920,177	2,578,594
NON-CURRENT ASSETS			
Fixed assets	4	28,131	23,486
Intangible assets	4	948	2,212
Artwork		5,500	5,500
Total Current Assets		34,579	31,198
TOTAL ASSETS		2,954,757	2,609,792
CURRENT LIABILITIES			
Accounts payable		115,350	78,620
Accrued expenses		14,852	20,483
GST due for payment		259,281	259,564
Employee costs payable	7	89,813	76,775
Income received in advance	5	1,891,574	1,894,727
Withholding Tax payable		17,811	14,126
Total Current Liabilities		2,388,681	2,344,295
TOTAL LIABILITIES		2,388,681	2,344,295
NET ASSETS		566,076	265,497
Represented By:			
EQUITY	8	566,076	265,497

For and on behalf of the council.


 Kerry Adams

Co-Chairperson
 Date: 8 September 2022


 Ngarangi Pritchard

Co-Chairperson
 Date: 8 September 2022

The attached notes form part of these financial statements.



MIDWIFERY COUNCIL
STATEMENT OF CASH FLOWS
"How the entity has received and used cash"
FOR THE YEAR ENDED 31 MARCH 2022

	2022 \$	2021 \$
Cash Flows from Operating Activities		
<i>Cash was received from:</i>		
Statutory Fees and Levies	1,944,309	1,960,858
Registration Income	99,522	100,265
Other Fees	96,487	73,474
Interest Revenue	2,084	19,962
<i>Cash was applied to:</i>		
Payments to Suppliers & Employees	(1,785,931)	(1,996,261)
Net Cash Flows from Operating Activities	<u>356,470</u>	<u>158,299</u>
Cash Flows from Investing and Financing Activities		
<i>Cash was received from:</i>		
Sales of fixed assets	0	22,500
Short-term Investments	0	251,012
<i>Cash was applied to:</i>		
Purchase of Fixed Assets	(15,410)	(6,397)
Short-term Investments	(325,957)	0
Net Cash Flows from Investing and Financing Activities	<u>(341,367)</u>	<u>267,116</u>
Net Increase / (Decrease) in Cash	15,103	425,415
Opening Cash Brought Forward	1,115,953	690,538
Closing Cash Carried Forward	<u>1,131,055</u>	<u>1,115,953</u>
Represented by:		
Cash and Cash Equivalents	1,131,055	1,115,953



MIDWIFERY COUNCIL
STATEMENT OF ACCOUNTING POLICIES
"How did we do our accounting?"
FOR THE YEAR ENDED 31 MARCH 2022

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
STATEMENT OF ACCOUNTING POLICIES
"How did we do our accounting?"
FOR THE YEAR ENDED 31 MARCH 2022

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 council'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.



MIDWIFERY COUNCIL
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2022

	NOTE	2022 \$	2021 \$
1. BOARD & COMMITTEES			
Conferences		5,587	0
Meeting Fees		104,871	70,417
Meeting expenses, training ,travel & others		21,926	28,348
Projects		59,934	159,526
		192,318	258,291
2. SECRETARIAT			
Audit fees		16,896	8,940
Bank fees		31,443	30,289
Depreciation & amortisation	4	12,029	30,392
IT software as a service expense (refer to the explanation on note 4)	4	72,523	213,051
Exam expenses		19,539	68,357
Information Technology		46,286	58,440
Legal costs		40,766	25,904
Occupancy costs		150,613	155,376
Other costs		116,424	140,588
Personnel costs		974,209	933,505
Professional fees		167,248	113,940
Telephone, Postage & Printing and Stationery		8,124	9,547
		1,656,100	1,788,329
3. DISCIPLINARY EXPENSES			
Professional Conduct Committee expenses		90,349	30,981
Health Practitioners Disciplinary Tribunal expenses		10,643	0
		100,992	30,981



**MIDWIFERY COUNCIL
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2022**

4. PROPERTY, PLANT & EQUIPMENT AND INTANGIBLE ASSETS					
At 31 March 2022	Opening Carrying Value	Current Year Additions	Current Year Disposals/ Sales/ Adjustment	Net Depreciation, Amortisation & Impairment	Closing Carrying Value
Furniture & fittings	14,393	1,883	(194)	(4,010)	12,072
Computer equipment	9,093	13,527	0	(6,561)	16,059
Office refit	0	0	0	0	0
Total Property, Plant & Equipment	23,486	15,410	(194)	(10,570)	28,131
Database & Website software	2,212	0	0	(1,264)	948
Total Intangible Assets	2,212	0	0	(1,264)	948

At 31 March 2021	Opening Carrying Value	Current Year Additions	Current Year Disposals/ Sales	Net Depreciation, Amortisation & Impairment	Closing Carrying Value
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
Total Property, Plant & Equipment	33,100	6,397	0	(16,010)	23,486
Database & Website software	39,094	0	(22,500)	(14,382)	2,212
Total Intangible Assets	39,094	0	(22,500)	(14,382)	2,212



**MIDWIFERY COUNCIL
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2022**

	2022	2021
	\$	\$
5. INCOME IN ADVANCE		
<i>Fees received relating to next year</i>		
APC fees received in advance	1,763,748	1,757,814
Discipline levy received in advance	127,826	136,913
	1,891,574	1,894,727

6. ACCOUNTS RECEIVABLE		
Accounts receivable	58,396	67,429
Doubtful Debts	(56,486)	(61,514)
Accrued income	470	198
	2,380	6,112

7. EMPLOYEE COSTS PAYABLE		
PAYE owing	16,458	17,009
Holiday pay accrual	53,056	43,281
Kiwisaver contributions owing	5,304	5,551
Salary accrual	14,212	10,552
Student loan owing	783	382
	89,813	76,775

8. EQUITY		
General Reserve (Accumulated surpluses with unrestricted use)		
Balance at 01 April	(104,105)	534,566
General Reserve Surplus/(Deficit) for year	237,901	(638,671)
General Reserve (Balance at 31 March)	133,796	(104,105)
Discipline Reserve		
Balance at 01 April	369,602	241,733
Disciplinary levies & order	163,670	158,850
Discipline Costs	(100,992)	(30,981)
Discipline Reserve (Balance at 31 March)	432,280	369,602
Total Reserves	566,076	265,497

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
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2022**

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 2022 are: property \$41,796; corporate services \$62,102; total \$103,898.

	2022	2021
	\$	\$
Due in 1 year	62,102	62,102
Due between 1-2 years	62,102	62,102
Due between 2-5 years	113,853	175,954
	238,056	300,158

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

	2022	2021
	\$	\$
Due in 1 year	41,796	33,405
Due between 1-2 years	41,796	33,405
Due between 2-5 years	76,626	94,648
	160,217	161,458

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.

	2022	2021
	\$	\$
Christina Mallon (Chairperson until 11/02/2022, now Board member)	14,280	10,952
Kerry Adams (Deputy chair, Co-chair from 11/02/2022)	11,991	8,777
Deborah Fawcett (Board member, finished 22/03/2022)	11,438	7,313
Judith Cottrell (Board member)	12,797	6,797
Melanie Tarrant (Board member)	13,500	9,516
Mahia Winder (Board member)	10,266	7,386
Ngarangi Pritchard (Board member, Co-chair from 11/02/2022)	10,044	6,375
Ngatepaeru Marsters (Board member, finished 01/07/2020)	0	1,078
Theodora Baker (Board member, finished 15/12/2020)	0	4,125
Debbie Fisher (Board member, finished 01/07/2020)	0	1,500
	84,314	63,817



**MIDWIFERY COUNCIL
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2022**

11. CONTINGENT LIABILITIES

There were no contingent liabilities or guarantees as at balance date (2021: \$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. (2021: \$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. (2021 \$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, 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 THE MIDWIFERY COUNCIL'S
PERFORMANCE REPORT FOR THE YEAR ENDED 31 MARCH 2022**

The Auditor-General is the auditor of the Midwifery Council. 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 on his behalf.

Opinion

We have audited the performance report of the Midwifery Council, that comprise the entity information, the statement of financial position as at 31 March 2022, 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:

- presents fairly, in all material respects:
 - o the entity information,
 - o its financial position as at 31 March 2022; and
 - o its financial performance and cash flows for the year then ended; and
- complies 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 21 September 2022. 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 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 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

Baker Tilly Staples Rodway Audit Limited, incorporating the audit practices of Christchurch, Hawkes Bay, Taranaki, Tauranga, Waikato and Wellington.

Baker Tilly Staples Rodway Audit Limited is a member of the global network of Baker Tilly International Limited, the members of which are separate and independent legal entities.

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'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 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 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.

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 2022 were:

Leadership

Tumu Whakahaere me te Pouroki | Chief Executive and Registrar:

Pouroki Tuarua | Deputy Registrar:

Kaiāwhina Tumu me te Hēkeretari o te Poari

Executive Assistant and Board Secretary

Susan Calvert

Jessica Schreiber

Vacant

Regulation

Mātanga Matua Waeture Tapuhi Whakawhānau |

Senior Advisor Midwifery Regulation:

Mātanga Matua Mātauranga Tapuhi Whakawhānau |

Senior Advisor Midwifery Education:

Kaitohutohu Rēhita me te Mātauranga |

Registration and Education Provider:

Kaiārahi Rēhita ā-Ao me Ngā Mahi Tari |

International Registration Advisor and Administration Officer

Kaiārahi Kaupapa | Programmes Officer

Nicky Jackson

Ruth Martis

Christine Whaanga

Jess Siekmann

Vacant

Sophie Storck

Kaiārahi Whakamōhiotanga | Notifications Officer

Business Operations

Kaiwhakahaere Mahi | Operations manager:

Kaiārahi Tari | Administration Officer

Kaiārahi Tari | Administration Officer

Kaiārahi Tari | Administration Officer

Justin Murrell

Natalie Rogerson

Maddi Bowron

Nikita Taiapa

Strategic Projects

Kaitohutohu Matua, Hiki Kounga me Ngā Kaupapa Mahi |

Senior Advisor Midwifery Quality improvement and projects:

Kaiwhakarite Whakawhitiwhiti, Kōrerorero Ngātahi, Kaupapa Mahi |

Engagement, Consultation and Projects Coordinator

Karen Daniells

Dan Moore

Legal advisors

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Harbour Chambers

PO Box 10-242

The Terrace

Wellington 6143

Adam Lewis

Harbour Chambers

PO Box 10-242

The Terrace

Wellington 6143

Luke Cunningham Clare

PO Box 10357

Wellington 6143

Jo Hughson

Pipitea Chambers

P O Box 10-450

The Terrace

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:

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Wellington 6141

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Te Tatau o te Whare Kahu
Midwifery Council