



Te Tatau o te Whare Kahu
midwifery council
of new zealand

Midwifery Workforce Report Updated 2010

Introduction

The Midwifery Council of New Zealand is pleased to present this report. It builds on the 2009 midwifery workforce report with the addition of data for 2010. The data in this report was mainly collected by the Midwifery Council in conjunction with the renewal of midwives' annual practising certificates in the years 2005 to 2010. It is supplemented with data from the Register of Midwives and other sources as detailed in the methodology section of the report.

The Midwifery Council of New Zealand was established under the Health Practitioners Competence Assurance Act 2003 and it took over the regulation of midwives from the Nursing Council in September 2004. Since that time the Midwifery Council has collected data about the midwifery workforce. It began publishing annual reports in 2009 in order to better inform policy makers and others involved in the midwifery profession of the facts and trends of the midwifery workforce.

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Acknowledgements

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1. Background

Under the Health Practitioners Competence Assurance Act (HPCAA) 2003 the Midwifery Council of New Zealand is responsible for the protection of the health and safety of women and babies receiving midwifery care during the childbirth process. It does this through various regulatory functions that together ensure that midwives are competent and fit to practise midwifery.

When established the Midwifery Council inherited a workforce that was described as ‘aging’ and it was believed that in areas throughout New Zealand, there were shortages of practitioners in both hospital and self-employed practise care settings. Since its establishment, the Council has implemented a number of strategies to address the workforce shortages. Chief amongst these are new pre-registration education standards, approved in 2007 and implemented in 2009 and 2010, that have resulted in increased numbers of midwifery students accessing midwifery education from all regions of New Zealand. The first graduates from these programmes will enter the workforce in early 2012. Other strategies to strengthen the workforce include return to practice programmes, the Midwifery First Year of Practice programme, competency programme for overseas midwives and the recertification programme.

It is important to document and describe the midwifery workforce to provide evidence of the demographic characteristics of midwives, to describe the actual nature and type of employment status and midwifery practice, and to ascertain if there are any trends in the midwifery workforce that may impact on the provision of quality maternity services in New Zealand.

The Midwifery Council has actively sought information through surveys of all midwives applying for annual practising certificates and those who do not renew practising certificates in any year.

This report therefore is a summary of the findings of the annual workforce survey data from 2005 to 2010 as well as an integration of information obtained from a number of other sources. It presents tables, graphs, and discussion on findings regarding the midwifery workforce from responses provided by midwives themselves.

Throughout this document unless specifically stated use of the feminine gender in relation to ‘the midwife’ includes the masculine.

2. Methodology

The data in this report is sourced largely from the Midwifery Council annual Workforce Survey. It also includes data from a number of other sources. This section details the data sources and clarifies some of the terminology used in this report.

2.1. Data Sources

The data in this report is taken from four sources namely:

- The Register of Midwives
- The annual Workforce Survey
- The Reason for Non-Renewal Survey
- Ministry of Health maternity data

2.1.1. The Register of Midwives

All midwives who wish to practise in New Zealand must be registered in the Register of Midwives. The register is a public register and a copy can be viewed online at the Council's internet site www.midwiferycouncil.org.nz.

The Register of Midwives includes details of each midwife's qualifications, practising status and any conditions on their practice. In addition, the Midwifery Council records demographic data such as date of birth, gender, country of origin, and ethnicity. This information is not part of the public register but can be used in summary form such as in this report. However some of this demographic data, such as ethnicity, is only available for midwives registered since the Council assumed responsibility in September 2004 and began collecting the information through the annual Workforce Survey.

2.1.2. Annual Workforce Survey

Any midwife who practises in New Zealand must hold a current practising certificate. Practising certificates expire on 31 March and must be renewed annually. When a midwife continues practice, or returns to practice after a period of absence, she completes a section of the practising certificate application form that is called the 'Workforce Survey Questions'. This survey is a collaborative effort between the Midwifery Council and New Zealand Health Information Service (part of the Ministry of Health).

The return rate for this survey is very high with coverage of 98% of practising midwives. A small number of survey forms were either not returned or the practising status of the midwife could not be identified from the form.

A copy of the Workforce Survey questions is included as Appendix 1.

2.1.3. Reason for Non-Renewal Survey

Each year a survey is sent to all midwives who held a practising certificate in the previous year but who did not renew it. The survey has four questions asking:

1. when the midwife ceased practice
2. what the midwife is doing now
3. the reason for ceasing practice
4. whether the midwife may return to midwifery practice in the future.

The response rate to this survey is not high. Many midwives are difficult to contact once they exit the practising community, sometimes moving overseas. Consequently, the results from this data source are informative but indicative only. A copy of the survey form is attached as Appendix 2.

2.1.4. Ministry of Health Maternity Data

The Ministry of Health prepares and publishes analyses of demographic and clinical information about the maternity services in New Zealand. The report entitled *Report on Maternity: Maternal and Newborn Information 2004* (published 2007) is available at the Ministry of Health internet site on this page <http://www.moh.govt.nz/moh.nsf/indexmh/maternity-series?Open>.

The report contains comprehensive information on the outcomes, availability, and utilisation of maternity services for women who gave birth in New Zealand in 2004. This is the latest data available from the Ministry in this series.

The Ministry also publishes summarised information on the numbers of women who have given birth in hospital; and the number of live born babies that were born in hospital or admitted to hospital following birth outside a hospital setting. Reports entitled *Hospital-based Maternity Events* are available for 2005, 2006 and 2007. These reports can be viewed on this page: <http://www.moh.govt.nz/moh.nsf/indexmh/dataandstatistics-subjects-maternity>.

The data in the current report on births by area and by the mother's ethnicity is taken from the 2004 and 2007 Ministry of Health reports.

2.2. Data Entry

The Midwifery Council collects the annual Workforce Survey forms. The forms are supplied to New Zealand Health Information Service which captures the data into a file. (Midwives are not identified on the survey forms to New Zealand Health Information Service.) New Zealand Health Information Service provides a copy of the file to the Midwifery Council. The data collected is kept in the Midwifery Council database but is not part of the Register of Midwives as defined in the Health Practitioners Competence Assurance Act.

The Midwifery Council collects and records the information from the Reason for Non-Renewal Survey forms.

2.3. Data Quality

The Midwifery Council is able to verify some of the data reported from the Workforce Survey by cross referencing to data held either in the Register of Midwives, or by confirming coherence across the survey questions. However most of the questions in the annual workforce survey are self-reported by the respondents and are accepted at face value.

In 2009 the Otago DHB and the Southland DHB merged to form the Southern DHB. Data in this report from previous years for these two DHBs has been combined to provide comparability with the Southern DHB

2.4. Glossary of Terms Used

To ensure consistency and aid in the understanding of this report the following terms are explained.

District Health Board (DHB): DHBs are responsible for funding and provision of healthcare services in their areas. There are 20 DHBs in New Zealand. Each covers a specific geographical area aligned with the local authority boundaries.

Maternity facility: means a facility that provides maternity facilities services in accordance with the service specifications from the Ministry of Health. These are further divided into primary maternity facilities, secondary facilities, and secondary/tertiary facilities, according to the level of services that are provided. Most maternity facilities are provided by DHB but there are some privately owned facilities (usually primary facilities).

Lead Maternity Carer Midwife (LMC): A midwife, who has been selected by the woman to provide her lead maternity care. Lead maternity care means to provide a woman and her baby with continuity of care throughout pregnancy, labour and birth, and the postnatal period. These periods are described in Subpart DA in the Primary Maternity Services Notice 2007. The majority of LMC midwives are self-employed but some are employed by DHBs or other agencies.

Caseloading midwife: Caseloading refers to the provision of continuity of care - the midwife carries a caseload of women. It can also be another term for a LMC midwife. In this report, the term is used to refer to both self-employed LMC midwives and employed LMC midwives.

Core midwife: A registered midwife who is employed to work shifts within a maternity facility.

Self-employed midwife: A midwife who is self-employed. Usually these midwives are LMCs (publicly funded, community-based) but some self-employed midwives provide services to other maternity care providers. Self-employed LMC midwives claim payment for maternity services from the government as per Primary Maternity Services Notice 2007.

Registration: Process whereby a midwife is granted entry to the Register of Midwives. This is a once only process. When a midwife ceases practise she will remain on the Register of Midwives unless she asks to be removed, she dies, or is removed because of a disciplinary process.

Practising Certificate: In order to practise in New Zealand, each midwife must hold a current practising certificate. These are applied for and issued annually. This is a separate process to registration.

3. Key Findings From This Report

The workforce statistics up to and including 2010 show the following:

- The midwifery workforce is almost completely female
- New Zealand European and other European ethnicity make up 89.2% of the workforce
- The current average age of a midwife in New Zealand is 47.2 years
- Direct entry midwives are replacing midwives with prior nursing education
- 17.5% of midwives report that they intend to maintain a nursing practising certificate
- The percentage of the workforce who leave practice each year had been consistent from 2005 – 2008 at about 11%. In 2009 and in 2010 this dropped to about 7%
- The most common reasons given for leaving practice in 2010 were parental leave, overseas travel, and retirement
- About 100 midwives (equivalent to 4% of the workforce) return to practice each year following a period of absence
- The Council registers about 200 new midwives each year. These are made up of about 130 New Zealand graduates and 70 overseas educated midwives
- Midwives from the United Kingdom make up the majority of overseas midwives coming to New Zealand
- Most New Zealand graduates stay in the workforce longer than midwives coming from overseas
- Core midwives make up about 47% of the workforce
- Caseloading midwives make up about 41% of the workforce. Most of these are self-employed (publicly funded, community-based) LMC midwives
- Over the four year period 2005 – 2010 about 34% of midwives changed their work type, for example moved from being a LMC midwife to a core midwife or vice versa
- About 40% of the workforce works 32 hour per week or less
- The most common reason for working part time is personal choice, followed by family circumstances
- LMC midwives provided continuity of care for an average of 45.2 women per year in 2010. This is a small decrease over 2009 when the average was 46.6. The average in 2005 was about 44 women.

4. The Workforce Report 2010

At the end of June 2010, there were 14,088 midwives on the Register of Midwives of whom 2,767 held a practising certificate. This report is concerned with the latter group of midwives, those who are still practising. The data in the report is presented in the following sub-sections.

- Demographic information
- Qualifications and education
- Entry and exit from the workforce
- Practice: Work and employment situations.

Between 2006 and 2008, the annual number of practising midwives was relatively static at about 2,500. In each of these years, approximately 200 newly registered midwives entered practice during the year and about 100 existing midwives returned to practice after a period of absence. About 300 left practice.

In 2009 and 2010 the number of midwives leaving practice fell from the average of 300 in previous years to about 200 in each year. In 2009, there was an increase in the number renewing their practising certificates at the end of the practising year to 2,626. In 2010, this figure increased again to 2,725. This represents an annual increase in the midwifery workforce of about four percent in each of those two years.

4.1. Demographics of the Midwifery Workforce

4.1.1. Gender

As at the end of June 2010, there were 2767 midwives who held practising certificates and the following gender breakdown existed:

Gender	Number	Percent total workforce
Female	2,761	99.8%
Male	6	0.2%

Table 1: Gender breakdown, practising midwives 30 June 2010

Comment

The midwifery workforce is almost entirely female. Of the male midwives with practising certificates, four of those reported that they were working as self-employed Lead Maternity Carer (LMC) midwives, and two reported working as a core midwife in a secondary facility. One of the core midwives also reported administration management work. All of the male midwives were educated overseas, three in the UK, and in the other three cases, the country could not be established.

4.1.2. Ethnicity - Ethnicity of the midwifery workforce

The Midwifery Council records the ethnicity for all midwives it registers. However this data is not available in the Register of Midwives for midwives registered prior to the Council assuming responsibility for the regulation of midwives in September 2004. Council includes a question on ethnicity in the Work Force Survey and the figures in this section are taken from the survey.

Ethnicity	First	%	Second	%	Third	%
NZ European	1,745	65.0%	124	4.6%	8	0.3%
British and Irish	446	16.6%	54	2.0%	4	0.1%
New Zealand Māori	134	5.0%	72	2.7%	4	0.1%
Other European	96	3.6%	34	1.3%	7	0.3%
Australian	58	2.2%	3	0.1%		
Chinese	45	1.7%	8	0.3%	1	0.0%
German	27	1.0%	6	0.2%	2	0.1%
African	22	0.8%	6	0.2%	1	0.0%
Indian	22	0.8%	6	0.2%	1	0.0%
Dutch	21	0.8%	16	0.6%	2	0.1%
Samoan	13	0.5%	8	0.3%	2	0.1%
Other Asian	10	0.4%	1	0.0%		
Other Pacific	11	0.4%	7	0.3%	5	0.2%
Other	10	0.4%	5	0.2%	2	0.1%
South East Asian	8	0.3%	4	0.1%	1	0.0%
Latin American / Hispanic	8	0.3%				
Cook Island Māori	5	0.2%	4	0.1%	1	0.0%
Total	2,683	100.0%	358	13.3%	41	1.5%

Table 2: Ethnicity of midwives

Comment

Respondents are able to specify up to three ethnicities. These are classified according to the New Zealand Government *statistical standard for ethnicity*. A copy of this classification system can be viewed at the Statistics New Zealand internet site on this page

http://www.stats.govt.nz/methods_and_services/surveys-and-methods/classifications-and-standards/classification-related-stats-standards/ethnicity.aspx .

Ethnicity is self-reported by respondents. They are able to choose how they classify themselves, and in which order they report ethnicity where they report more than one.

Midwives of New Zealand, British and Irish, or other European ethnicities dominate the workforce, with 89.2% reporting one of these categories as their first ethnicity.

The figures below give a graphical representation of the data for the major ethnic groupings for the first and second ethnicities reported.

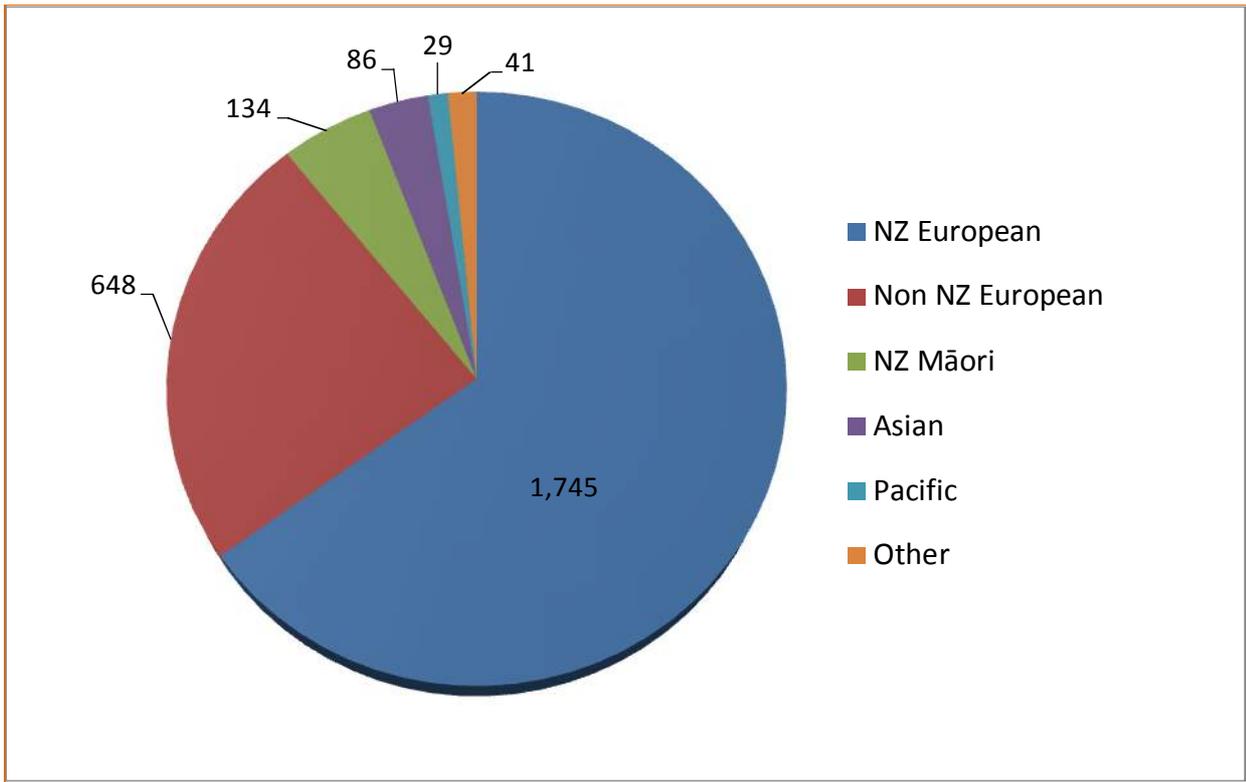


Figure 1: Midwives' first reported ethnicity

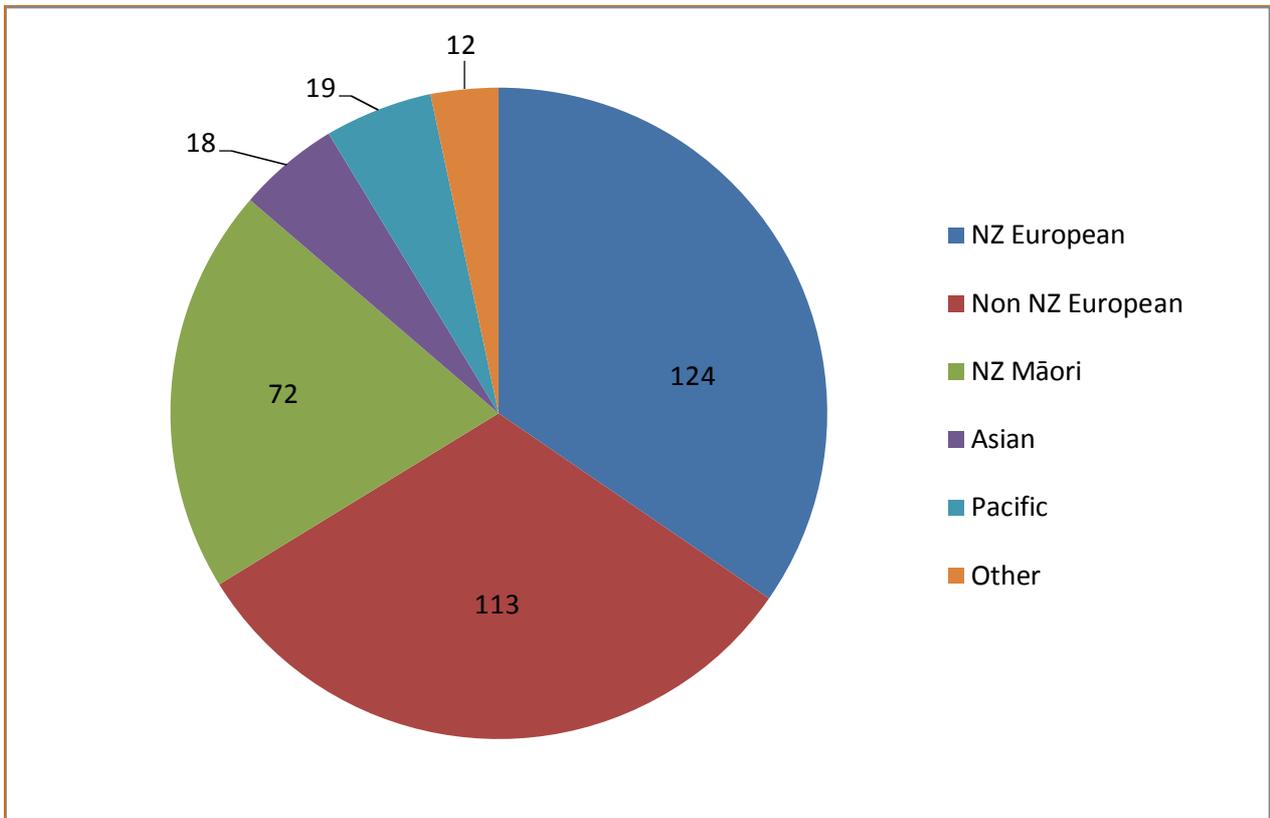


Figure 2: Midwives' second reported ethnicity

Ethnicity of midwife compared to ethnicity of mother

This table compares the proportion of midwives (first ethnicity) with that of births to mothers, for the major ethnic groups in New Zealand.

First Ethnicity	% of midwives	% of births by mothers ethnicity 2007*
European	89.2%	56.4%
NZ Māori	5.0%	20.5%
Pacific Island	1.1%	10.5%
Asian	3.2%	9.3%
Other	1.5%	3.2%

Table 3: Midwife's ethnicity (2010 workforce) compared with mother's ethnicity

*Source: Ministry of Health *Maternity Snapshot 2007*. Number of hospital births

Comment

In 2007, 56.4% of births in a hospital setting were to women who nominated European as their ethnicity. In 2010 89.2% of midwives nominated European as their first ethnicity. For all other women of different ethnicities, the percentage of midwives in the midwifery workforce is less than the percentage of births to mothers of the same ethnicity.

The biggest shortfall is New Zealand Māori. Only 5.0% of midwives identified as Māori for their first ethnic category, 2.7% of midwives chose Māori as their second ethnicity, and 0.1% chose Māori as their third ethnicity. This compares with 20.5% of mothers who gave Māori as their ethnicity.

Note: No breakdown is provided in the Ministry of Health data for NZ European and other European.

Figure three shows the gap between the percentage of births and the percentage of midwives by ethnicity.

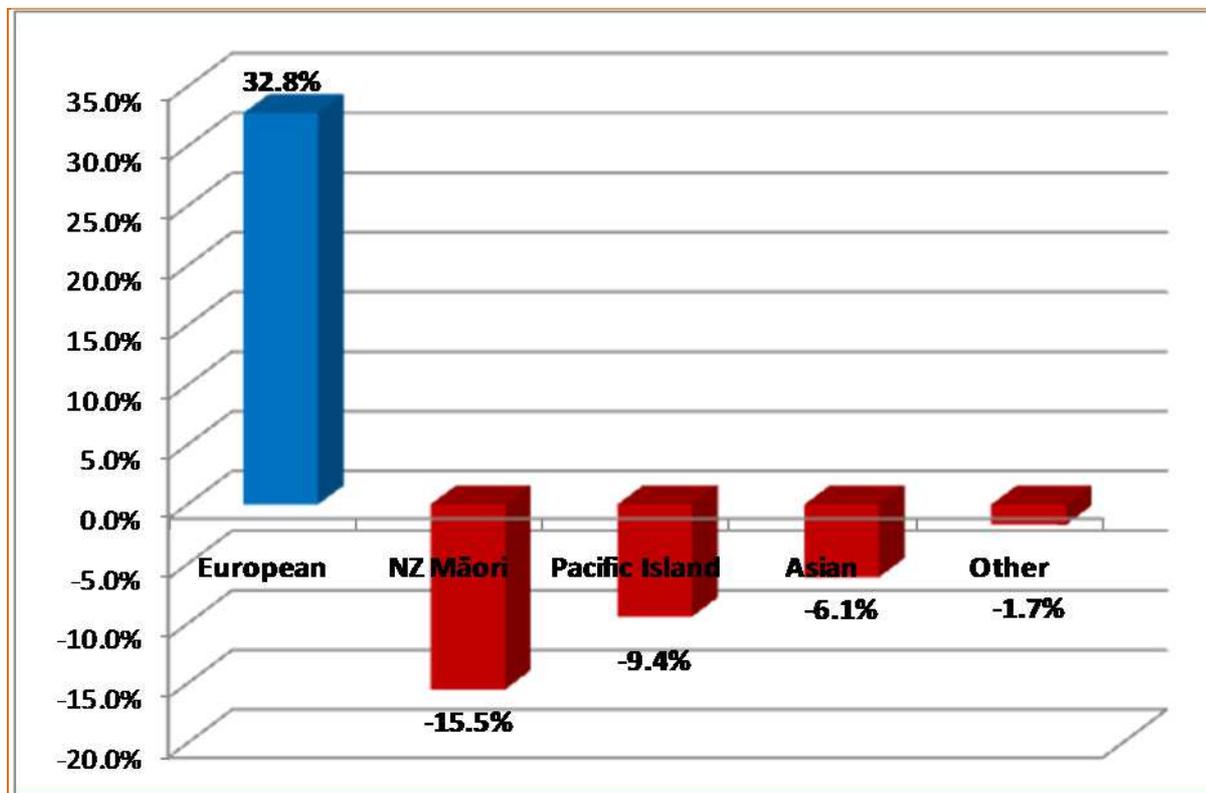


Figure 3: The difference between the percentage share of births by mother's ethnicity and the percentage share of the midwifery workforce by ethnic group.

Comment

This figure shows the percentage points difference between the percentage of midwives and the percentage of birthing mothers for the major ethnic groups. This highlights the degree that the percentage of midwives is above or below the percentage of birthing mothers in each group. The greatest shortfall is for Māori. The percentage of birthing mothers who are of Māori ethnicity is 20.5. The percentage of midwives who report Māori as their first ethnicity is 5.0. The gap between the two percentages is negative 15.5 ($5.0 - 20.5 = -15.5$).

Geographical Distribution of Māori midwives by DHB area

The table below compares midwives of Māori ethnicity and birthing mothers of Māori ethnicity by each DHB area.

DHB region	Midwives of Māori ethnicity	Births to mothers of Māori ethnicity [1]	Percentage of the Māori midwifery workforce	Percentage of births to Māori mothers	Average Births per Māori midwife
Northland	9	855	6.7%	7.8%	95.0
Waitemata	9	815	6.7%	7.5%	90.6
Auckland	6	511	4.5%	4.7%	85.2
Counties Manukau	11	1,622	8.2%	14.9%	147.5
Waikato	19	1,389	14.2%	12.8%	73.1
Bay of Plenty	8	723	6.0%	6.6%	90.4
Lakes	7	870	5.2%	8.0%	124.3
Tairāwhiti	6	404	4.5%	3.7%	67.3
Hawkes Bay	6	810	4.5%	7.4%	135.0
Taranaki	2	257	1.5%	2.4%	128.5
Wanganui	4	349	3.0%	3.2%	87.3
MidCentral	8	278	6.0%	2.6%	34.8
Capital and Coast	8	478	6.0%	4.4%	59.8
Hutt	2	414	1.5%	3.8%	207.0
Wairarapa	0	106	0.0%	1.0%	NA
Nelson-Marlborough	1	161	0.7%	1.5%	161.0
West Coast	1	34	0.7%	0.3%	34.0
Canterbury	10	486	7.5%	4.5%	48.6
South Canterbury	0	33	0.0%	0.3%	NA
Southern	5	299	3.7%	1.3%	59.8
Not Stated	12	0	9.0%	0.0%	0.0
Total	134	10,894	100.0%	100.0%	81.3

Table 4: Māori midwives and births to mothers of Māori ethnicity in each DHB region

Comment

This table presents data based on first ethnicity only. It is a count of midwife numbers and includes both self-employed midwives and employed midwives (full and part time). The number of midwives is not expressed as full time equivalent.

The last column shows the number of births per midwife if all births of Māori women had been managed by Māori midwives. From the table we see that the geographical distribution of midwives of Māori ethnicity does not closely match the distribution of births to mothers of Māori ethnicity with areas like Counties Manukau, Taranaki, Hutt and Bay of Plenty having the highest ratio of births per Māori midwife. This information is provided as a reference only, it is not an indication of actual caseload numbers.

New Registrations - Māori

Table five shows the registration figures for 2005-2010 calendar years.

Year	All Registrations	NZ Graduates	Māori Ethnicity	% of All	% of NZ Grads
2005	206	103	8	3.9%	7.8%
2006*	184	107	3	1.6%	2.8%
2007	191	110	5	2.6%	4.5%
2008	189	107	9	4.8%	8.4%
2009	187	126	6	3.2%	4.7%
2010	182	129	14	7.7%	10.9%
All years	1,139	682	45	4.0%	6.6%

Table 5: New registrations 2005 to 2009 – percentage who are Māori

Note. The table has been updated for 2010 registrations

* The ethnicity figures from the 2006 Workforce Survey are not reliable.

Comment

The data suggests that schools of midwifery in New Zealand are educating on average a slightly higher proportion of midwives of Māori ethnicity than the overall percentage of Māori in the current midwifery workforce. However the numbers are small and variable over the period under review. The percentage of new graduates being educated in New Zealand who identify as Māori is less than both the percentage share of Māori in the general population and the percentage share of births to women of Māori ethnicity.

In 2010 10.9% of new graduates (14) gave Māori as their first ethnicity compared to 5.0% (134) of the workforce who identified themselves as Māori for their first ethnicity. If this percentage of Māori new graduates is maintained in future years, it will provide an increase in the percentage share of Māori in the midwifery workforce. New Zealand graduates made up 59.3% of midwives entering the workforce from 2005 to 2010. The remaining 40.7% came from overseas, and almost none of these were Māori. Even if the greater numbers represented in 2010 were obtained in future years, the increase in the Māori representation in the workforce as a whole would be slow. It would be helped because New Zealand graduates will stay in the workforce on average for longer than overseas educated midwives (discussed later in this report).

4.1.3. Age - Age of the midwifery workforce

Figure 4 below shows the age profile of the current midwifery workforce compared to the New Zealand workforce as a whole.

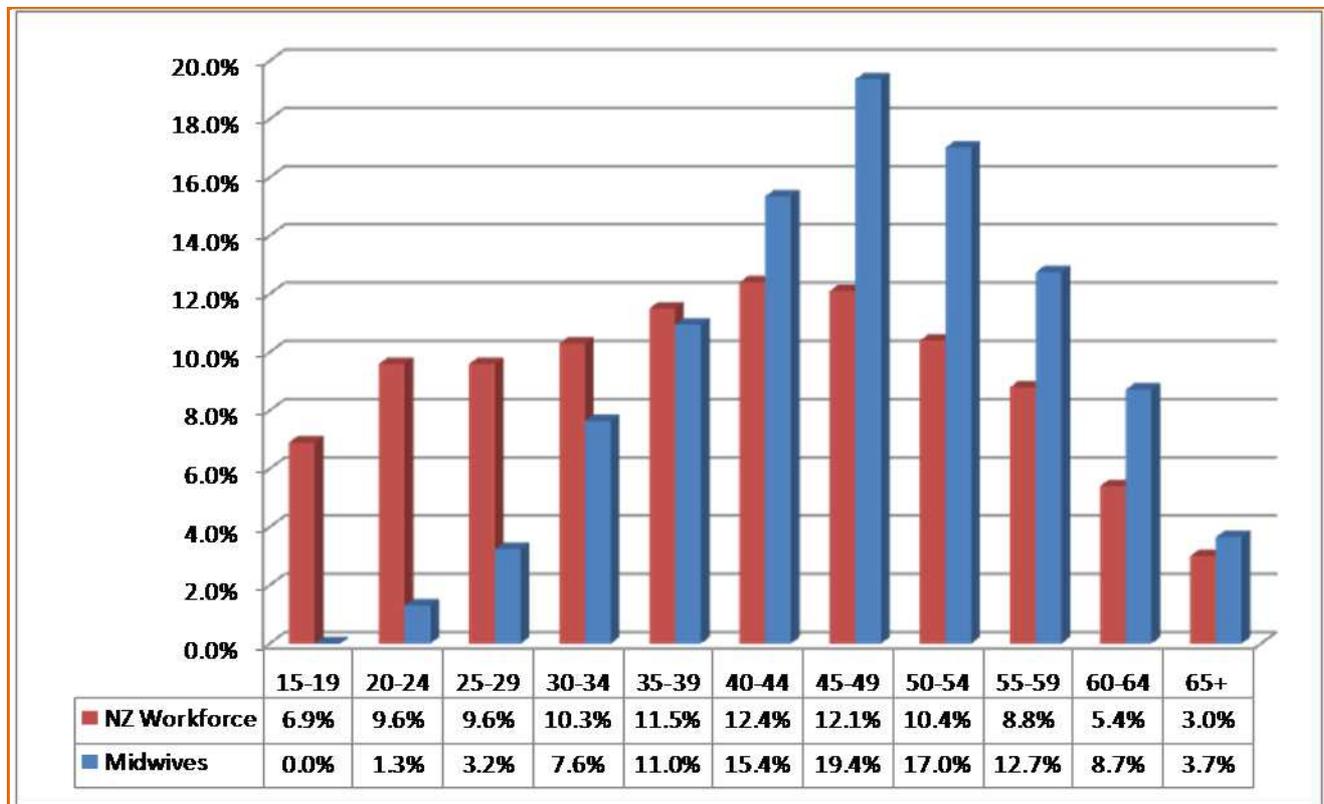


Figure 4: Age distribution of the midwifery workforce (2010 figures) compared to the New Zealand workforce as a whole (2007 figures)

Comment

The average age of currently practising midwives is 47.2 years.

In all bands over aged 40, midwives as a profession have a higher percentage of older practitioners than the general workforce. In comparison in bands under age 40, we see that the percentage of midwives is well under the workforce average.

The age on entry to the profession is expected to be higher than the average age on entry to the New Zealand workforce for two reasons. Firstly midwives must undertake a course of tertiary study in order to gain entry to the register. Secondly, the midwifery workforce includes a significant number of overseas-educated midwives, many of whom move to New Zealand later in their careers.

The midwifery profession in New Zealand is also characterised by the number of New Zealand educated midwives entering the workforce for the first time, at a late age. See Figure 6, page 24.

Comparison of age profile in 2005 and 2010

Figure five presents the age profile of New Zealand midwives in 2005 compared with 2010.

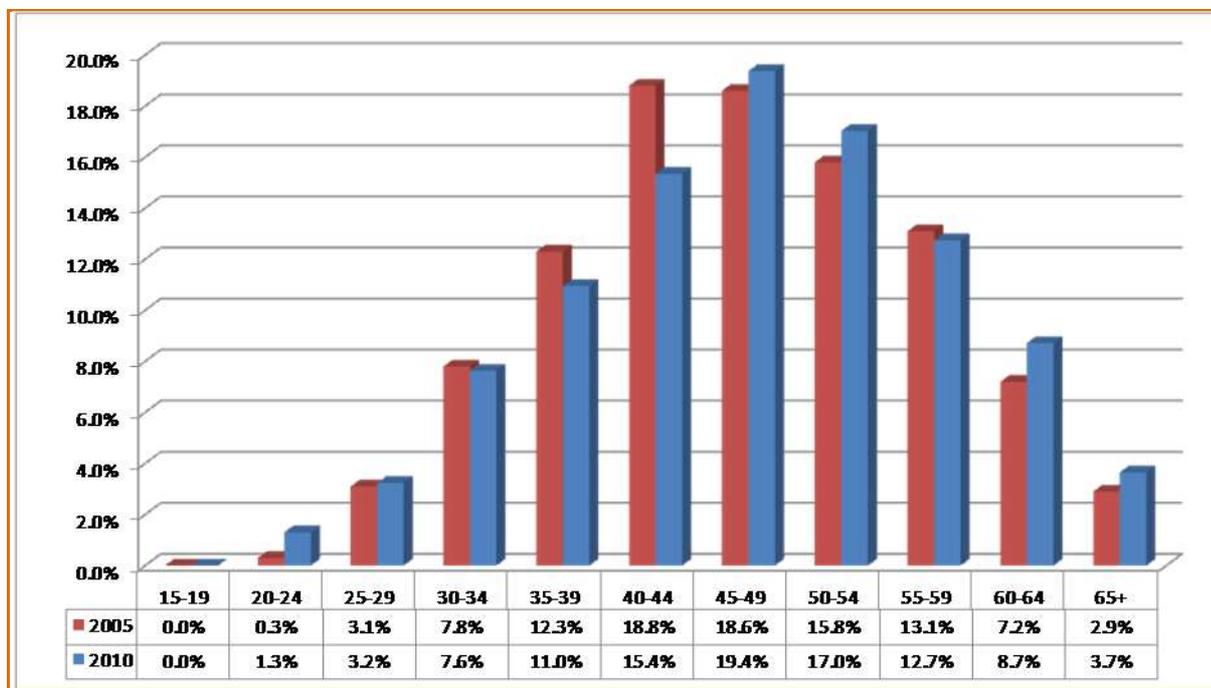


Figure 5: Age profile 2005 and 2010 as a percentage of the workforce by age group

Comment

In 2005, the average age of a practising midwife was 46.4 years. By comparison, in 2010 the average age of a midwife was 47.2 years. The figure above indicates that the midwifery workforce has aged by a small amount over this period.

Age at registration

Figure six shows the age profile of all midwives at date of registration between September 2004 and July 2010 and whether they were New Zealand or overseas educated.

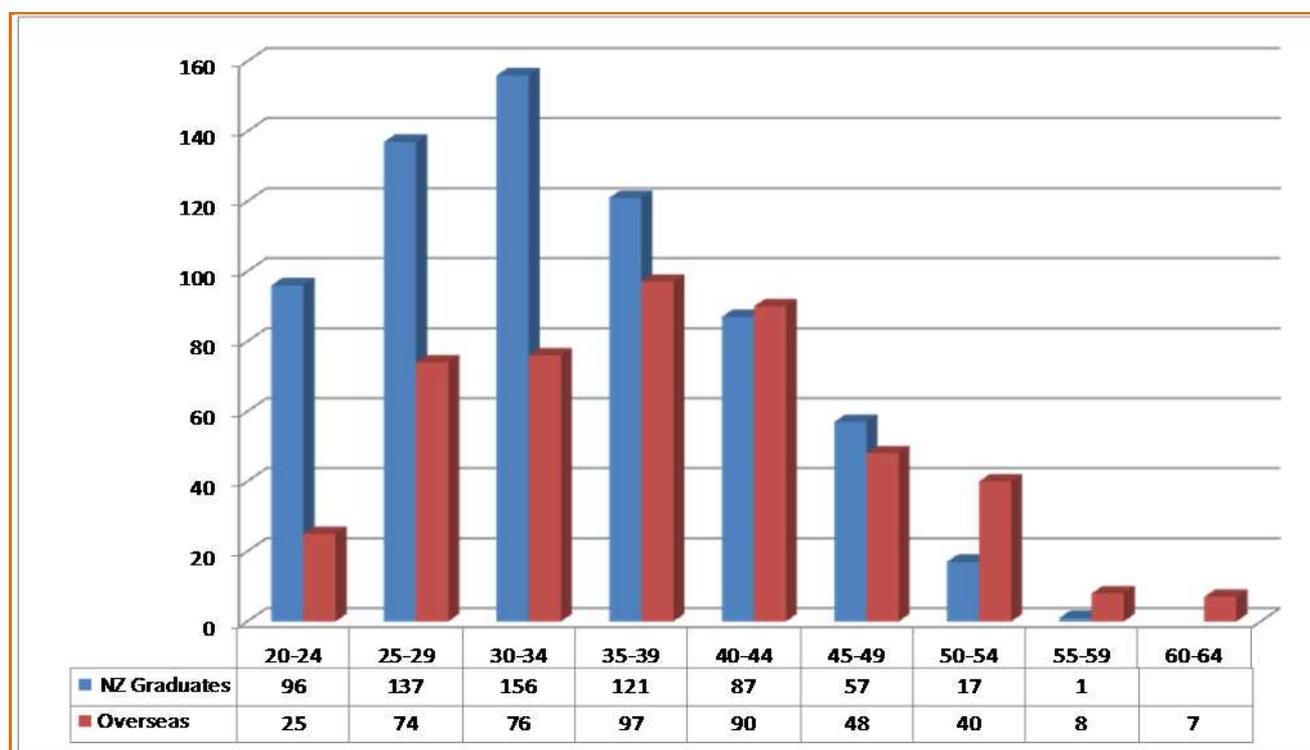


Figure 6: Age at date of registration in New Zealand for all registrations since September 2004

Comment

In the timeframe of this report, two-thirds of New Zealand graduates who registered were 30 years or older at their date of registration.

Midwifery schools have reported that the average age of students entering their programmes is decreasing. If this is the case and if it is maintained, this will lower the average age on entry into the workforce in the future.

Figure five (previous page) shows there has been an increase in the number of practising midwives who are in the 20 – 24 age bracket and also a small increase in the 25 – 29 age bracket. This suggests that there may be an increase in the number of students who enter their programme of preregistration education shortly after they leave school and supports the statement from the schools of midwifery.

4.1.4. Years in practice

The midwifery Workforce Survey asks how many years in total the midwife has been part of the midwifery workforce (including time spent working as a midwife overseas).

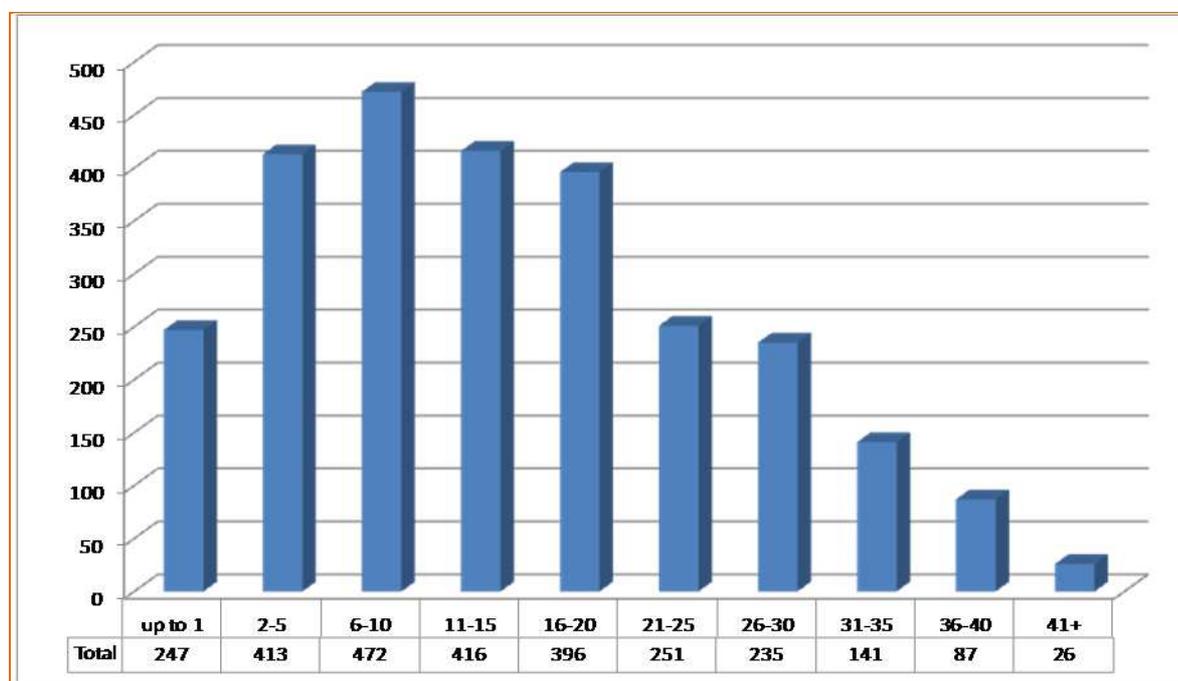


Figure 7: Years in practice, current workforce

Years in Practice	2005	2005%	2010	2010 %
Up to 1	110	4.3%	247	9.2%
2-5	451	17.7%	413	15.4%
6-10	500	19.6%	472	17.6%
11-15	473	18.5%	416	15.5%
15+	1,021	40.0%	NA	NA
16-20			396	14.8%
21-25			251	9.4%
26-30			235	8.8%
31-35			141	5.3%
36-40			87	3.2%
41+			26	1.0%
Total	2,555	100.0%	2,684	100.0%

Table 6: Total years in practice as a midwife – 2005 and 2010

Comment

The groupings used in the 2005 survey did not have a breakdown of practice above 15 years. This has its limitations as it shows that 40% of the workforce had worked in excess of 15 years at that time and we do not have a breakdown for this group. In 2010, 42.5% of midwives reported working 16 years or more.

The table shows that approximately 75% of the current workforce has been in practice for more than 5 years, about 58% for more than 10 years, and about 28% for more than 20 years.

The graph below provides a comparison between years in practice for midwives in 2005 and 2010.

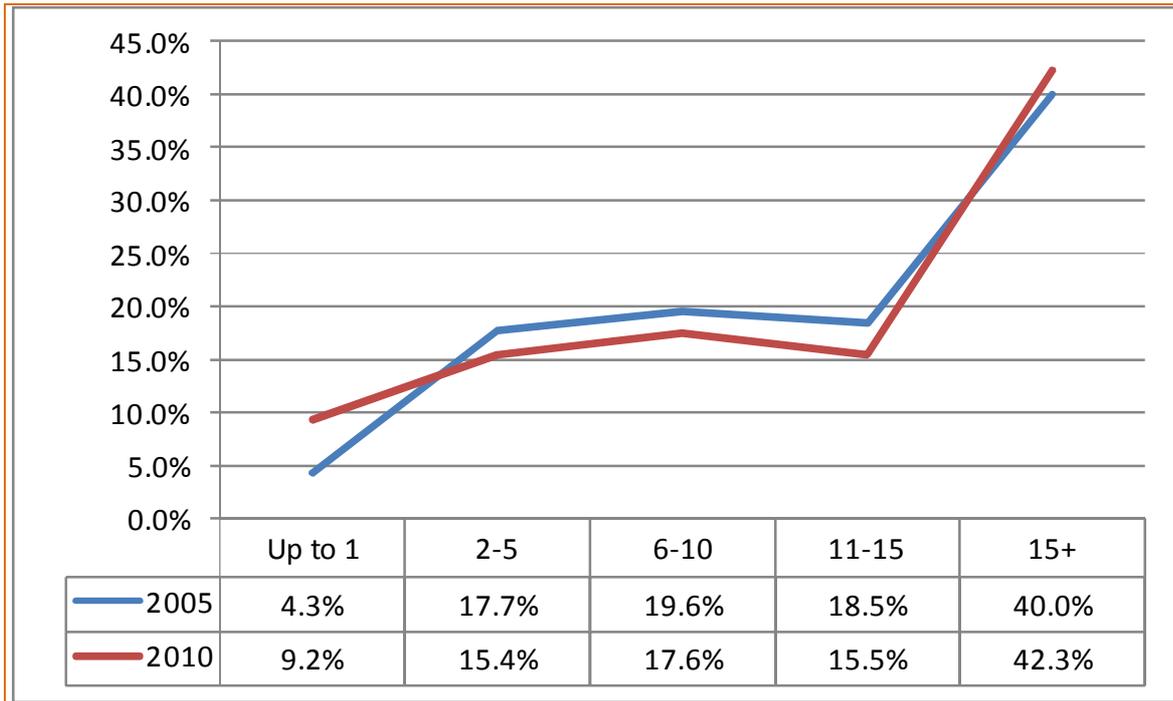


Figure 8: Total years in practice as a midwife – 2005 and 2009

Comment

While there is some fluctuation in percentages between all groupings, the largest proportional difference is for midwives who have been practising for up to 1 year. This difference represents 137 more midwives in this category in 2010.

4.1.5. Qualifications and education

Midwifery qualification

The midwifery Workforce Survey asks midwives to specify their first midwifery qualification (the qualification they used to gain registration as a midwife). Figure 9 shows the responses for 2005 and 2010 as a percentage of the total midwifery workforce.

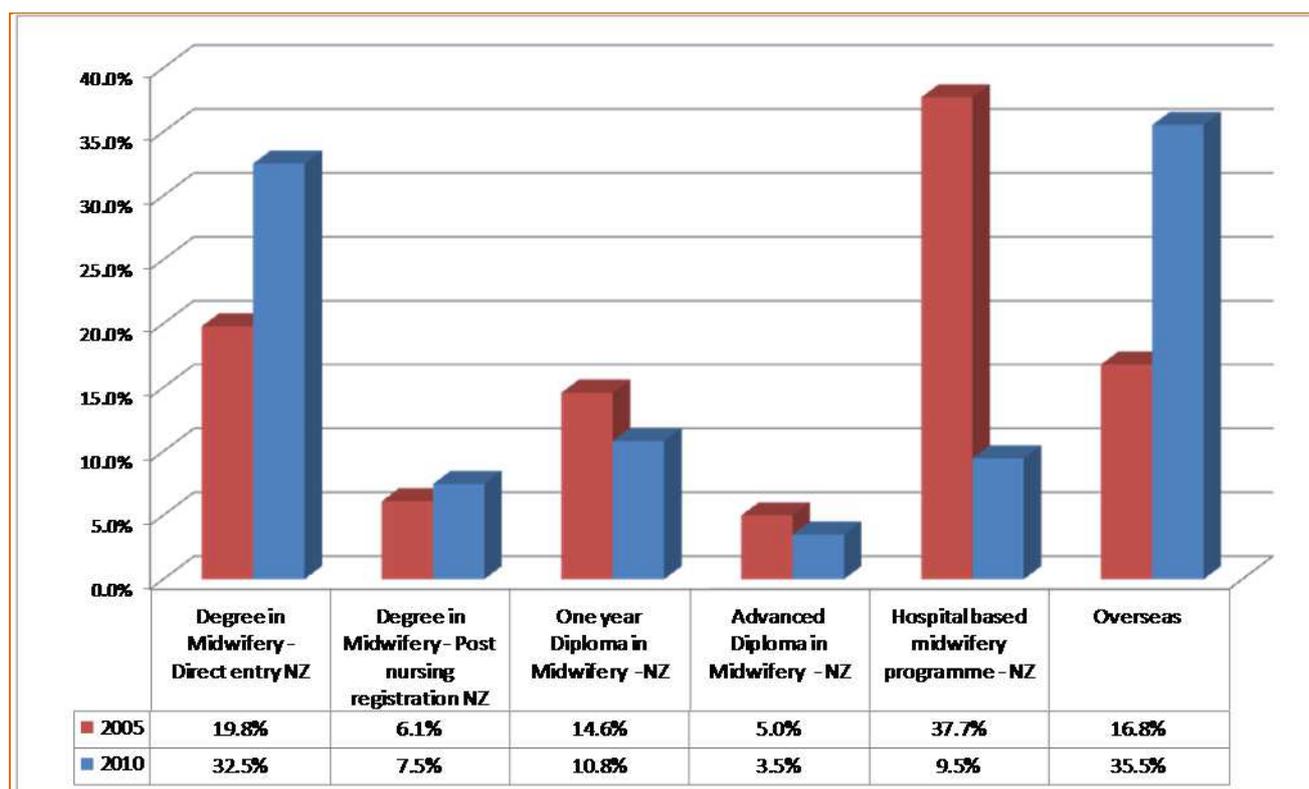


Figure 9: Qualification on entry to the Register of Midwives 2005 and 2010

Comment

In the figure above, New Zealand qualifications are shown separately while overseas qualifications are grouped together.

The New Zealand qualification with the highest response in the 2010 survey is a New Zealand undergraduate degree. These are either a Bachelor of Midwifery degree or a Bachelor of Health Science (Midwifery) degree. These degrees are referred to as 'direct entry' midwifery degrees. Students are not required to have a nursing qualification prior to entry. Direct entry midwifery was made available in 1992 with the first graduates at the end of 1994. By 1997, all New Zealand schools of midwifery offered this programme and since then, this has been the only way that New Zealand educated midwives can gain entry to the register. As expected, the proportion of midwives in the workforce holding a Bachelor of Midwifery or Bachelor of Health Science (Midwifery) qualification is increasing as new midwives enter and older midwives retire.

New Zealand direct entry midwives make up 32.5% of the workforce in 2010, up from 19.8% in 2005. In marked contrast, the percentage of the current midwifery workforce which gained registration following a New Zealand hospital-based midwifery programme has fallen from 37.7% to 9.5% since 2005. This is to be expected for the reasons outlined above.

The overseas category includes a proportion of New Zealand midwives who elected to undertake their midwifery education overseas. This happened particularly in the 1980s when there were limited opportunities for midwifery education in New Zealand. Hospital based midwifery education was the norm at that time in countries such as Australia, England and Scotland where most New Zealand nurses undertook overseas training. Overseas, trends in midwifery education, especially in the European Union, have followed New Zealand and we would expect in the future that midwives registering in this overseas category will gain their undergraduate qualification through a direct entry bachelor's degree.

Current study

The figure below shows a comparison between 2005 and 2010 for all midwives who reported currently studying that year.

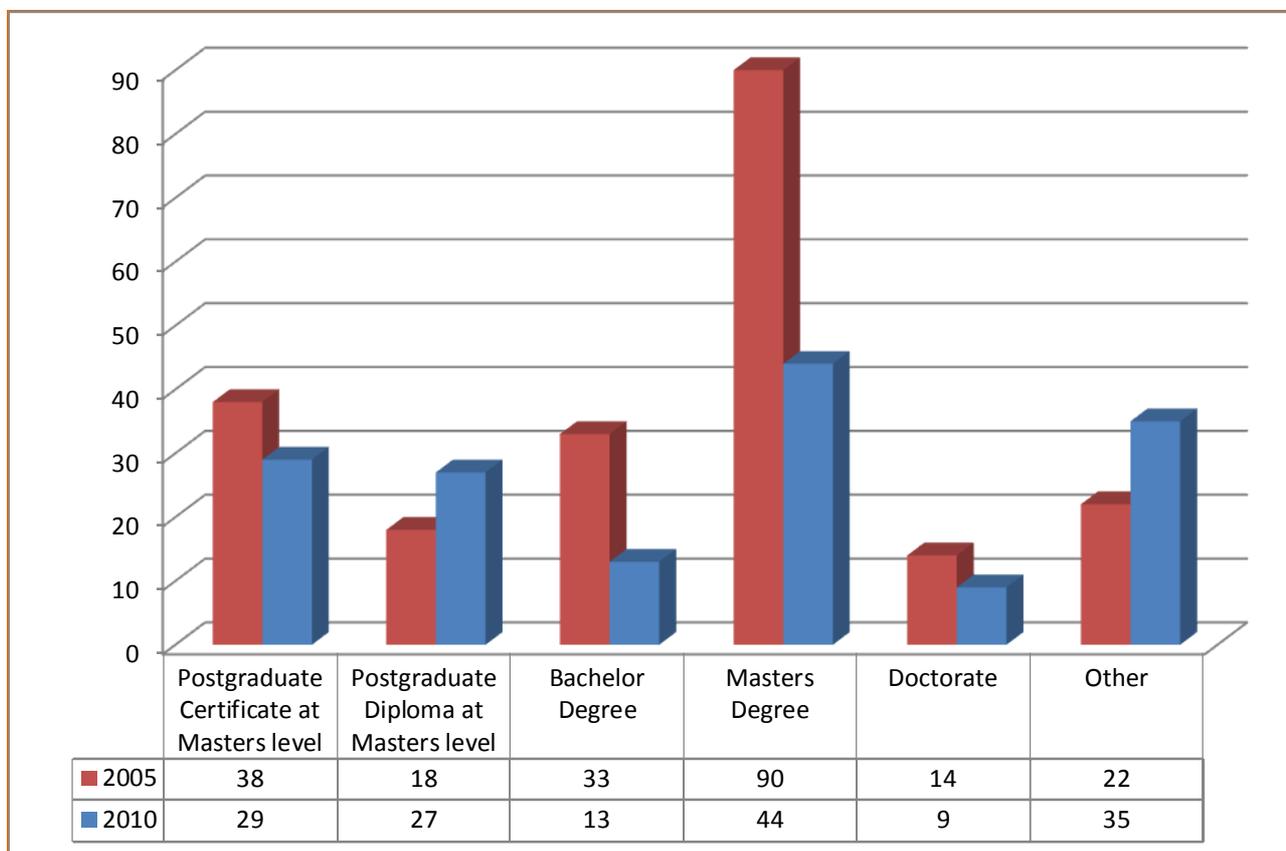


Figure 10: Midwives undertaking post registration study in 2005 and 2010

Comment

In the 2010 Workforce Survey, 157 midwives indicated that they were currently studying towards a post-registration qualification. This compares with 215 in 2005. There was a significant reduction in the number of midwives studying towards a Bachelor Degree and a Masters Degree.

The figures are for practising midwives and therefore do not include some midwives who took time off for study (intending to return) and did not renew their practising certificates for the survey periods.

Completed study

The workforce survey asked midwives to indicate if they had completed a qualification in the previous year and to provide details of the qualification, the major or specialty, and the provider. Responses were received from 225 midwives.

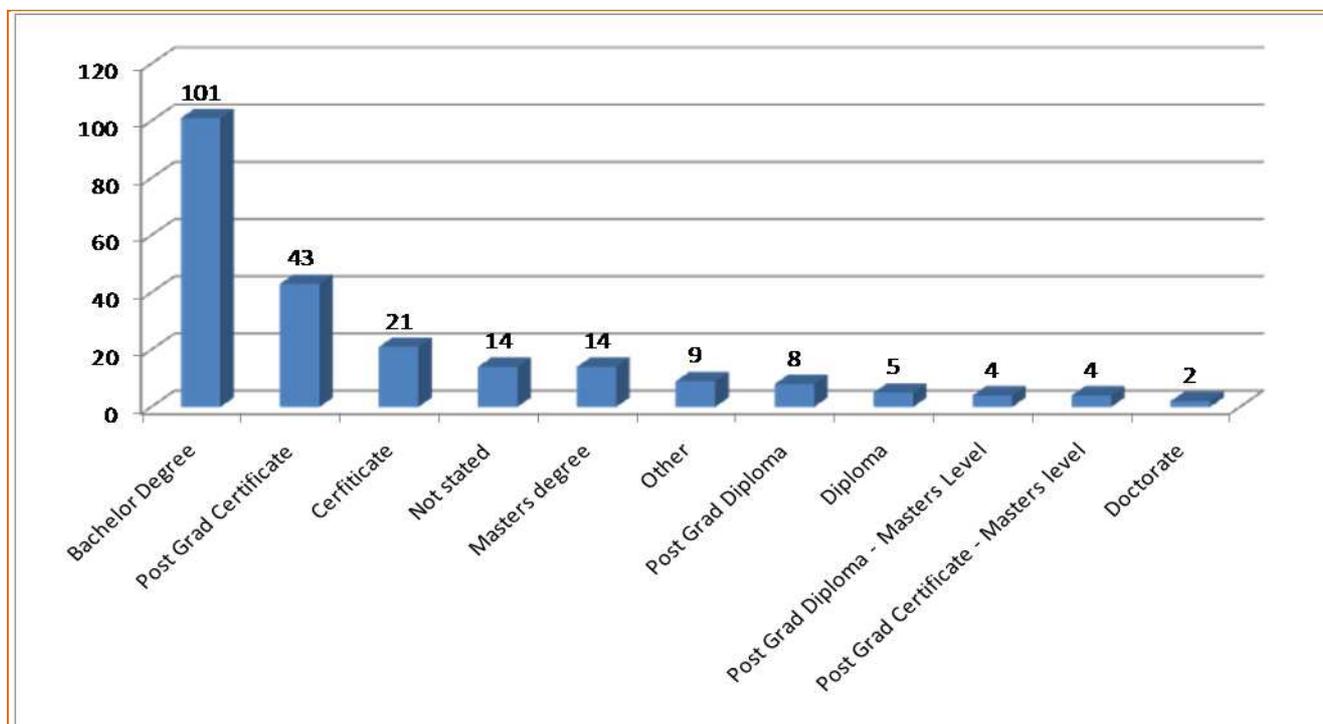


Figure 11: Midwives who completed qualifications in the last year

Comment

One hundred and one midwives reported that they completed a Bachelor degree in the last year. It is assumed that many of these will be new graduates who are referring to their pre-registration programme which they would have just completed. There is an increase in those completing postgraduate certificates from 24 in 2009 to 43 in 2010. This increase may be related to funding support that became available for midwives in 2010 from Health Workforce New Zealand.

The table below shows the major or subject specialty of the qualifications gained. This is self-reported. The questionnaire did not restrict answers to formal qualifications.

Major	Number	Major	Number
Midwifery	131	Health Science	2
Not stated	19	Rehabilitation	1
Complex Care Midwifery	14	Māori Health	1
Acupuncture for Midwives	11	Visual Art & Design - 2D	1
Lactation consultant	9	Anthroposophical Nursing	1
Other	7	Iwi Environmental Management	1
Nursing	7	Women's Health	1
Education	4	Spiritual Formation & Pastoral Care	1
Public Health	3	Antenatal education	1
Massage	3	Newborn life support	1
Pharmacology & Prescribing	2	Perinatal Mental Health	1
Counselling	2	Homeopathy	1
Acupuncture	2	Total	227

Table 7: Major or specialty of post-registration education completed

Comment

As expected, the vast majority of study completed by midwives is in midwifery. Complex care is the second most mentioned course and the number represent an increase over previous years. Increased numbers of midwives are also reporting acupuncture as a completed course. A number of midwives had taken the Lactation Consultancy professional examination and then there is a plethora of 'other' majors or subject specialties. This includes public health, education, women's health, and management as described above.

The table below shows the educational institutions where midwives completed their study.

Institution	Number	Institution	Number
Not Stated	68	Edith Cowan Univeristy, WA	1
AUT	40	ACU - Melbourne	1
WINTEC	18	UCOL - Wanganui	1
Massey University	17	Australia	1
CPIT	16	University of New South Wales	1
Victoria University	16	Leading Edge Foundation	1
Otago Polytechnic	14	Waiariki Institute	1
NZSATCM	10	EIT, Hawkes Bay	1
IBCLC	9	BoP College of Homeopathy	1
Waikato University	2	WMIT	1
Otago University	2	Resuscitation Council of NZ	1
Taruna College - Hawkes Bay	1	Te Whare Wananga O	
Canterbury University	1	Awanuiarangi - Whakatane	1
		Total	226

Table 8: Reported education provider for post-registration qualifications

Comment

Most midwives who completed a qualification did so at New Zealand tertiary institutions but four obtained their qualifications from Australian institutions. The numbers for the School of Acupuncture and Traditional Chinese Medicine (NZSATCM) reflect a growing popularity for acupuncture amongst midwives.

4.1.6. Nursing Registration

The table below shows the number of midwives who indicated that they are also on a nursing register or roll.

Nursing register	Number		Percentage of respondents	
	2010	2005	2010	2005
RGON	480	855	17.9%	33.2%
Rcomp	304	431	11.3%	16.8%
RN	240	302	8.9%	11.7%
EN	16	38	0.6%	1.5%
Other	12	26	0.4%	1.0%
RON	4	23	0.1%	0.9%
Not Stated	14	3	0.5%	0.1%
Total with a nursing registration	1,070	1,678	39.9%	65.2%
All respondents	2,684	2,572		

Table 9: Current midwives who are also on a nursing register or roll with comparative 2005 figures

Comment

For a long period in New Zealand, midwives were first required to train and gain registration as nurses. A number of New Zealand midwives have this qualification especially those who gained their midwifery qualification before 1992. Many overseas-educated midwives also hold a nursing qualification.

In 2010, 1,070 (39.9%) respondents to the Workforce Survey indicated that they remained on a nursing register or roll. This compares with 65.2% in the 2005 survey. As stated previously, all health practitioners in New Zealand remain on their respective registers until they are removed. Therefore while it is expected that a number of midwives will be on a nursing register or roll, it is also expected that the proportion will decrease over time as direct entry midwives make up an increasing proportion of the workforce.

Midwives who indicated that they hold nursing registration were asked if they intended to apply for a nursing practising certificate in 2010. The Health Practitioners Competence Assurance Act (HPCAA) 2003 introduced the requirement that all health practitioners demonstrate that they meet the competencies for safe practice in their field each year in which they continue to practise. In 2010, 470 (17.5%) midwives indicated that they would be applying for a nursing practising certificate as well as a midwifery practising certificate. This is a small reduction on the number reported in previous years.

Eleven midwives with current midwifery practising certificates reported nursing as their main work type and 36 reported nursing as their second work type. This is considerably fewer than the number above who indicated they would take up a nursing practising certificate.

4.2. Practising Midwife Numbers – Entry and Exit from the Workforce

4.2.1. Practising numbers

The midwifery practising certificate year ends on 31 March and midwives who wish to continue practising must renew their practising certificate from that date.

The number of practising certificates rises during the year as newly-registered midwives enter the workforce and existing midwives return to practice after a period of absence. Numbers rise especially in December as new graduates from the New Zealand midwifery schools enter practice. Midwives who leave practice during the year do not surrender their practising certificates. This reduction in the number of midwives actually practising is not reflected in the number of practising certificates until the beginning of the next year when these midwives do not renew.

The figure below shows the numbers of midwives with a practising certificate at the end of each practising year (31 March) and those renewing for the following year (April). The difference between the two figures is the number of midwives who left practice either permanently or temporarily and did not renew. Data is for the years 2006 to 2010.

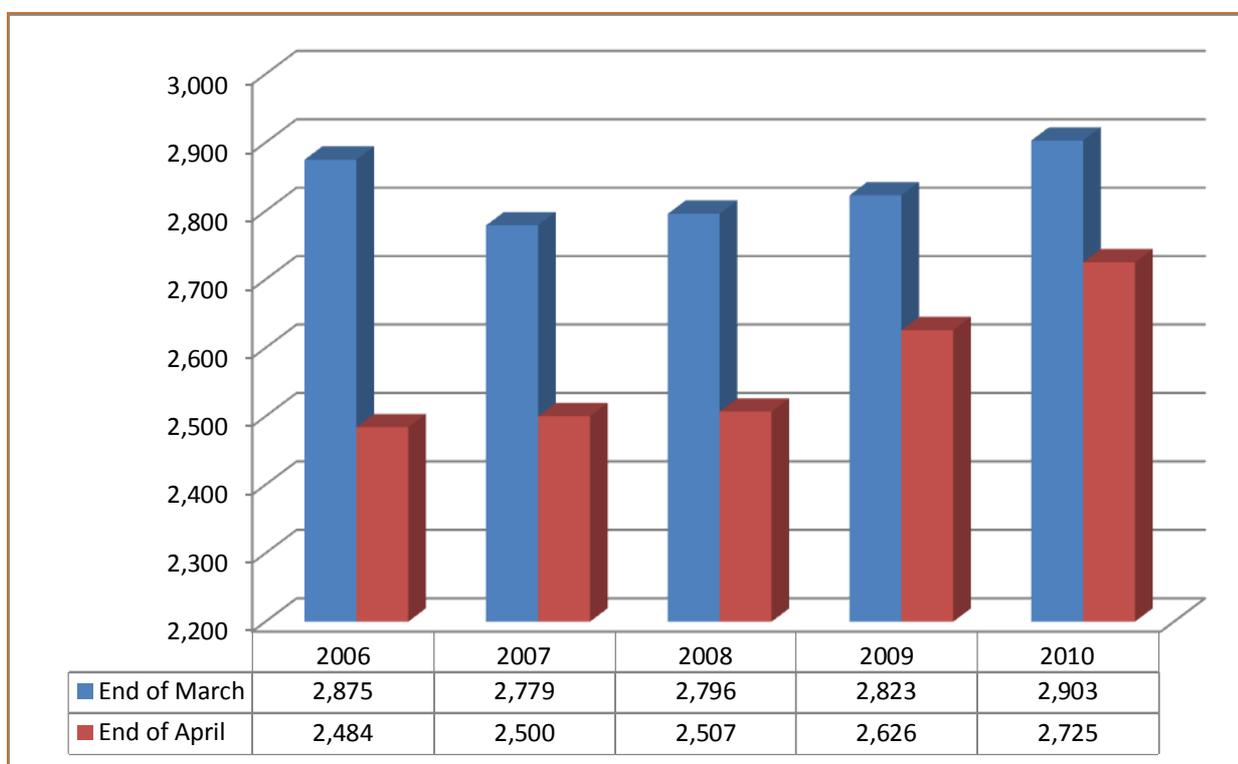


Figure 12: Number of midwives who held a practising certificate as at 31 March (end of year) and those who held a practising certificate as at the following 30th April

Note – The new practice year starts on 1 April each year but the renewal figures are taken at 30 April to allow for delayed renewals. The vertical axis for this chart does not start at zero.

Comment

The Health Practitioners Competence Assurance Act came into effect in September 2004. Prior to that time, midwives were able to renew their practising certificates merely by applying and paying a minimal fee. It was common for midwives who ceased practising to continue to renew their practising certificate each year. The numbers of midwives holding a current practising certificate before the Act came into effect therefore did not give an indication of the actual number of practising midwives.

The Act now requires all practitioners to maintain competence in order to renew their practising certificates each year and all practitioners must engage in on-going professional development. This means that midwives who are not practising are unlikely to apply for a practising certificate. The number of practising midwives is made up of those who renew their annual practising certificates from the previous year, newly registered midwives entering practice in New Zealand for the first time, and existing midwives returning to practice after a period of absence.

As shown in the figure above, the numbers from 2006 to 2008 have remained relatively static. Each year, about 2,500 midwives renewed their practising certificates, about 200 newly registered midwives entered practice during the year, and about 100 existing midwives returned to practice from a period of absence. About 300 left practice during the year.

The figures for practising certificate renewals for the last two years - April 2009 and April 2010 - show a significant decrease in the number of midwives leaving the workforce those years (197 and 179 respectively) compared to the pattern in previous years. This has resulted in an increase in the number of practising midwives by about 4.7% for each of these two years. It is too early to say if this is a permanent trend but the increase in the number of practising midwives has been maintained through the first half of the 2010/2011 year.

4.2.2. New registrations

The Midwifery Council registers a little under 200 new midwives each year.

The table below shows the source of new registrations each year since 2004/2005.

Registration type	New Zealand midwifery graduates		Midwives entitled under the TTMRA*		Other overseas midwives		Type not recorded**		Total
	Number	%	Number	%	Number	%	Number	%	Number
2009/2010	126	67.7%	10	5.4%	50	26.9%			186
2008/2009	107	57.8%	14	7.6%	64	34.6%			185
2007/2008	109	55.3%	17	8.6%	71	36.0%			197
2006/2007	108	58.7%	7	3.8%	69	37.5%			184
2005/2006	103	52.6%	11	5.6%	82	41.8%			196
2004/2005	114	62.0%	5	2.0%	57	31.0%	8	4.3%	176
Combined years	667	59.3%	64	5.7%	393	35.0%	8	0.7%	1,124

Table 10: Source of new entrants to the Register of Midwives 2004/2005 to 2009/2010

* Trans-Tasman Mutual Recognition Agreement

** Registered prior to the Midwifery Council assuming responsibility and data not available

Comment

New registrations continue to be relatively static at a little under 200 each year over this period. The percentage of all new entrants to the Register coming from overseas has fluctuated over the years between a third and a half. From Forty-one percent of percent of new registrants from 2004 to 2010 came from outside of New Zealand. There was an increase in New Zealand educated new registrants in 2010 and schools of midwifery report growth in midwifery student numbers as a result of increased access to prospective students that has occurred following implementation of the Council's new pre-registration education standards.

4.2.3. Source of overseas-qualified midwives 2004 to 2010

The chart below shows where overseas midwives obtained their first midwifery qualification which entitled them to practise as a midwife.

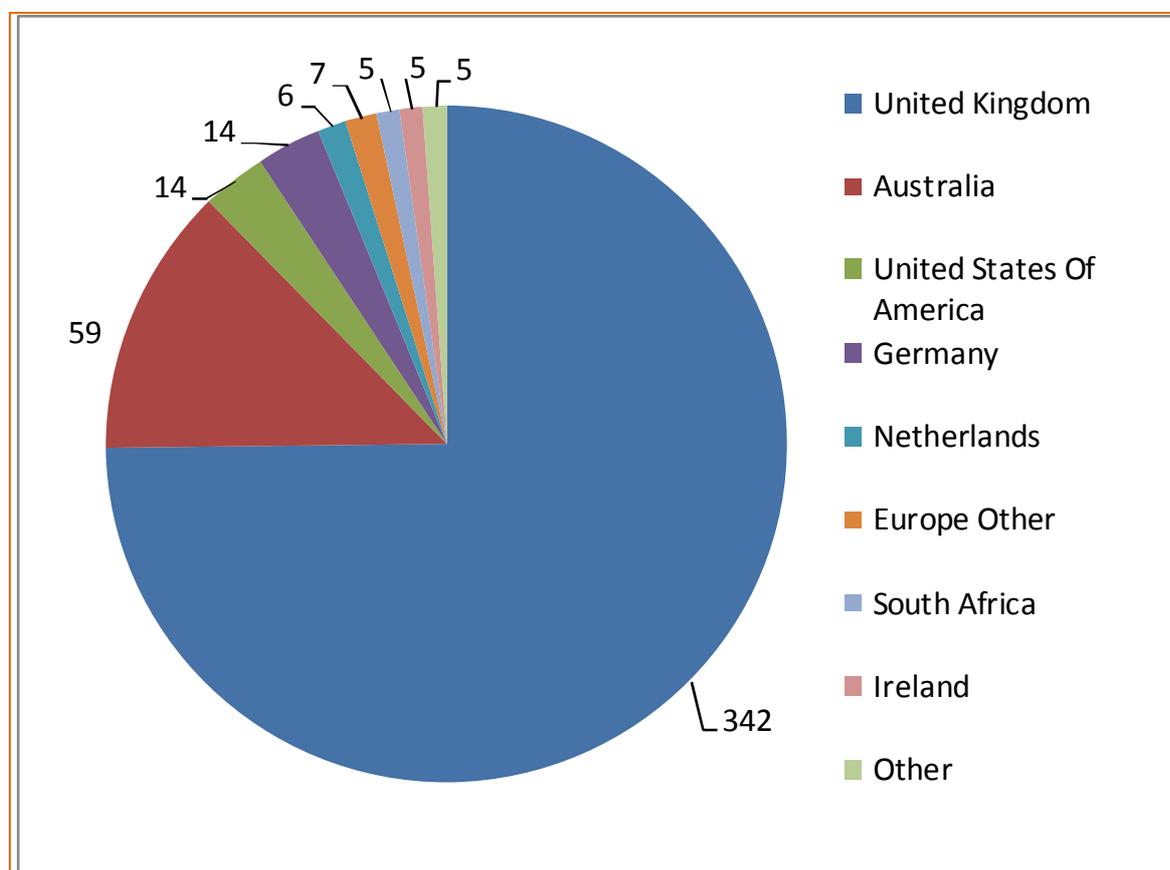


Figure 13: Number of overseas-educated midwives registered since September 2004 by country of first midwifery qualification

Comment

The United Kingdom continues to account for the majority of overseas-educated midwives moving to New Zealand. Australia accounts for the next largest number.

All midwives who qualify overseas are required to complete an Overseas Competence Programme within two years of their first New Zealand practising certificate. This requirement reflects aspects of midwifery which are compulsory components of the New Zealand requirements for registration which are unique to New Zealand.

4.2.4. Uptake and retention of practising certificates by newly-registered midwives

The uptake of a practising certificate is a separate matter from registration as a midwife. It is expected that a midwife who meets the effort and cost of registration in New Zealand will subsequently enter midwifery practice.

Table 11 presents information on the number of registrations per year and the percentage of these midwives who take up a practising certificate in the following practice years.

Year/Type	Registrations	Percent holding current practising certificates				
		End March 06	End March 07	End March 08	End March 09	End March 10
2005/06						
Nursing Council	15	60%	60%	60%	47%	53%
NZ Graduates	103	97%	94%	90%	85%	89%
Overseas	67	64%	81%	67%	58%	61%
TTMRA	11	82%	64%	45%	18%	27%
Total	196	82%	85%	78%	69%	74%
2006/07						
Nursing Council	4		75%	50%	25%	50%
NZ Graduates	108		93%	96%	92%	88%
Overseas	69		63%	82%	72%	61%
TTMRA	7		57%	86%	71%	85%
Total	184		80%	90%	83%	79%
2007/08						
NZ Graduates	109			99%	98%	98%
Overseas	71			59%	83%	69%
TTMRA	17			47%	82%	47%
Total	197			80%	91%	83%
2008/09						
NZ Graduates	107				93%	94%
Overseas	64				64%	72%
TTMRA	14				82%	86%
Total	185				82%	86%
2009/2010						
NZ Graduates	126					98%
Overseas	50					56%
TTMRA	10					90%
Total	186					86%
Total all years	948	82%	83%	82%	81%	81%

Table 11: Take-up and retention of practising certificates for midwives gaining registration from 2005 to 2010

Note. The Midwifery Council took over responsibility for registration of midwives from the Nursing Council in September 2004 but midwives who applied for registration before that date finished the Nursing Council's registration process, some as late as the 2006/07 period. These would be nearly all overseas educated.

Comment

In the table above, the two columns on the left give the type and numbers of midwives registered in the five practising years ending March 2010. The columns to the right show the percentage of those midwives who held a current practising certificate at the end of the year in which they were registered, and then in the following years (not necessarily the same midwives year to year).

The table shows a difference between the different registration types. Most New Zealand graduates take up a practising certificate immediately on graduation or within a short period of time thereafter. The uptake of practising certificates by overseas-educated midwives shows that in some cases, there are delays between registration and obtaining a practising certificate. For example only 56% of the overseas midwives who registered in 2009/2010 had taken up a practising certificate by the end of the year compared to 98% for New Zealand graduates. Most do enter the midwifery workforce at some time. This lag time may be linked to practical issues around relocating to New Zealand, such as gaining residency, selling a house or ending a school year.

A small number of midwives who register here from overseas have not taken up practising certificates after a number of years. The Council has been given a reason in only one case. The midwife concerned registered in New Zealand in order to gain permanent residence under the skilled migrant category but she never intended to work as a midwife here.

Most New Zealand graduates stay in the workforce longer than midwives coming from overseas. This is demonstrated by the greater percentage which hold a practising certificate in the years after entry to the register. This can be partly explained by the fact that some overseas midwives come to New Zealand for overseas experience or a working holiday with the intention of returning home.

Following the Dream study

In 2008, Christchurch Polytechnic Institute of Technology (CPIT) and the Midwifery Council completed a study that looked at why recently emigrated British midwives chose to practice in New Zealand¹. The first stage of the study was a postal questionnaire sent to all British midwives who registered in New Zealand between October 2004 and June 2007. Surveys were sent to 104 midwives and 55 questionnaires were received back (response rate 53%). This was followed by telephone interviews with a small sample of respondents where the issues identified in the postal survey were explored in greater depth.

The study found that 83.6% of respondents came to New Zealand with the intention of making it their permanent home. The remainder were either undecided or planned to return to the UK.

The most significant reason reported for coming to New Zealand was an improved lifestyle.

¹ The full report can be viewed in the Publications section of the Midwifery Council Internet site <http://www.midwiferycouncil.health.nz/publications>

The midwives in the study were asked if working in New Zealand had met their expectations - 53% said yes, 42% said no, with the balance undecided.

The questionnaire asked participants to rate the challenges they found with midwifery practice in New Zealand. Most of the midwives made comments on what they found challenging in response to the open questions in the questionnaire. The key themes in these comments are as follows:

- Differences in maternity systems
- Midwifery Council requirements in relation to completing the competence programme for overseas educated midwives
- Understanding the requirements of Section 88 Public Health and Disability Act 2000 which regulates the provision of primary maternity services and provides for the payment of maternity fees to self-employed LMC midwives.
- Meeting midwifery recertification requirements (the requirement for on-going education and professional activities)
- The interface between primary and secondary maternity services
- The challenges of autonomous practice.

Note. In 2010 the Council completed a review of the competence programme imposed on overseas midwives who come to New Zealand. The content and delivery of some of the courses was revised. A new course was added covering Examination of the Newborn. The time period allowed for the programme was extended from 18 months to 24 months. All of the modules, with the exception of a Treaty course, are available online. The overall effect of these changes will be to make the competence programme less challenging.

4.2.5. Non-renewal of practising certificates

Reason for Non-Renewal Survey

Each year the Council sends a survey form to all midwives who do not renew their practising certificates asking for the reason. The response rate from midwives who have left practice, some of whom have gone overseas, is low (42% in 2010). The results are indicative but they cannot be presumed to reflect the reasons of all midwives in this group.

Respondents were able to indicate more than one main reason for ceasing to practise in New Zealand. Many respondents provided multiple reasons. The top four reasons given for ceasing practice reported in the 2010 survey were, in order; parental leave, practising midwifery overseas, retired, and unhappy with work hours. Appendix 3 includes a table giving a count of all of the reasons reported in all of the surveys from 2005 to 2010. However care is recommended when interpreting this table for the reasons given above.

Most respondents to the 2010 survey (91%) gave either 2009 or 2010 as their final year of practising midwifery in New Zealand. Six percent had ceased practising earlier but maintained their practising certificate (2% did not state).

Just under half (49%) of the respondents indicated they were not currently working at all. The data indicates that retirement or leave (maternity leave, study leave, having a break) are significant reasons for this. Nearly a third indicated that they were working in a midwifery related field that did not require a current practising certificate. Fourteen percent indicated they were working in a nursing field.

The survey asked respondents if they might return to midwifery practise at some time in the future and sixty percent indicated they might.

Age of non-renewing midwives

The age of midwives who did not renew their practising certificates for the 2009/2010 year was obtained from the Register of Midwives.

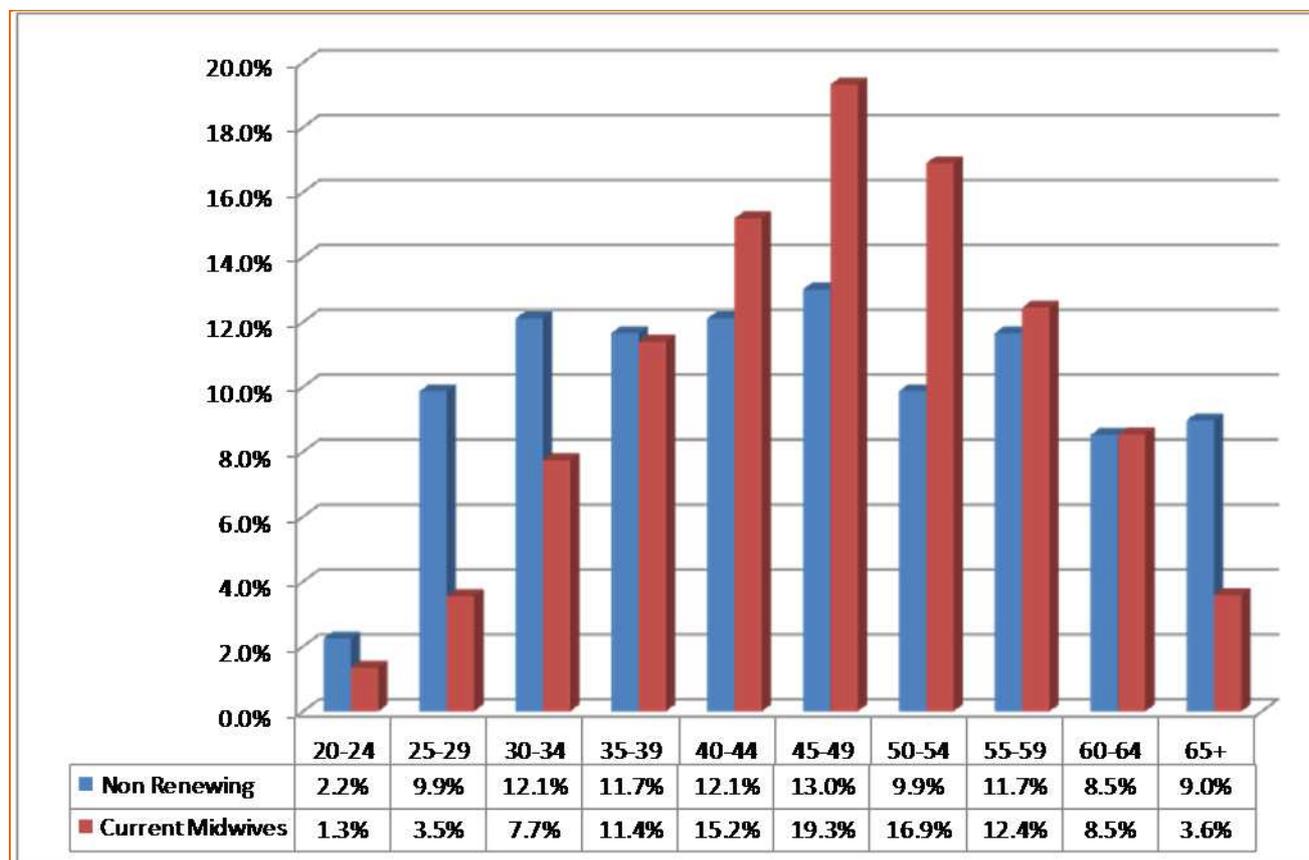


Figure 14: Age profile of midwives not renewing in 2010 compared to the age profile of the current midwifery workforce

Comment

The chart above shows that the proportion of younger midwives not renewing was greater than the proportion of younger midwives in the workforce. This could be due to a number of reasons such as younger midwives having a greater propensity for overseas travel, or having children. It is likely that many of the midwives leaving for these reasons will return to practice in the future.

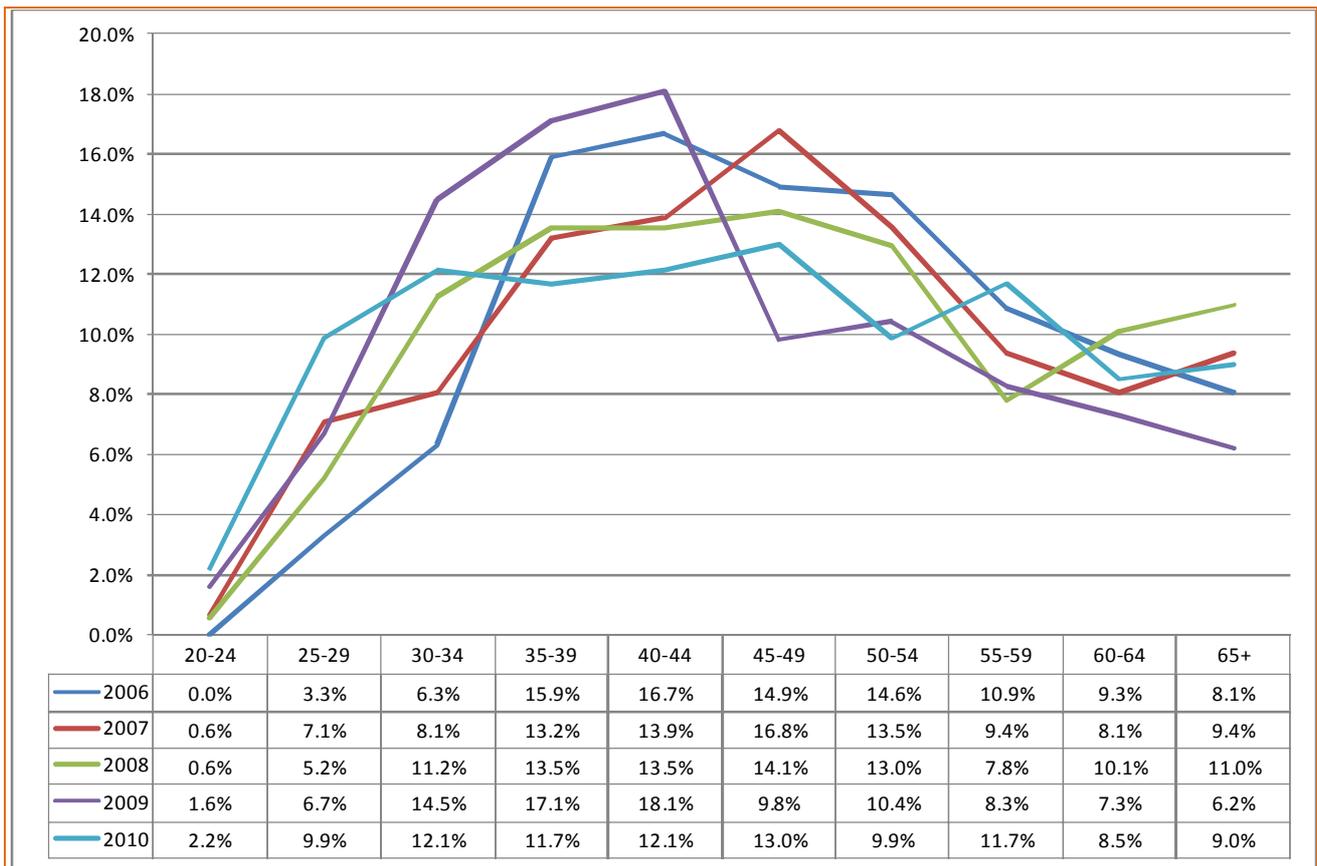


Figure 15: Age profile of midwives not renewing over the last five years

Comment

The chart above attempts to show any trends in the age of midwives not renewing their practising certificates over the last four years. Results are mixed but there is some indication of an increasing trend for non-renewing midwives to be in the younger age groups. A trend is difficult to discern for in the older age groups.

Non-renewing midwives by employment situation

The employment situation of midwives who did not renew their practising certificates for the 2009/2010 year was checked against their employment situation reported in the previous Workforce Survey.

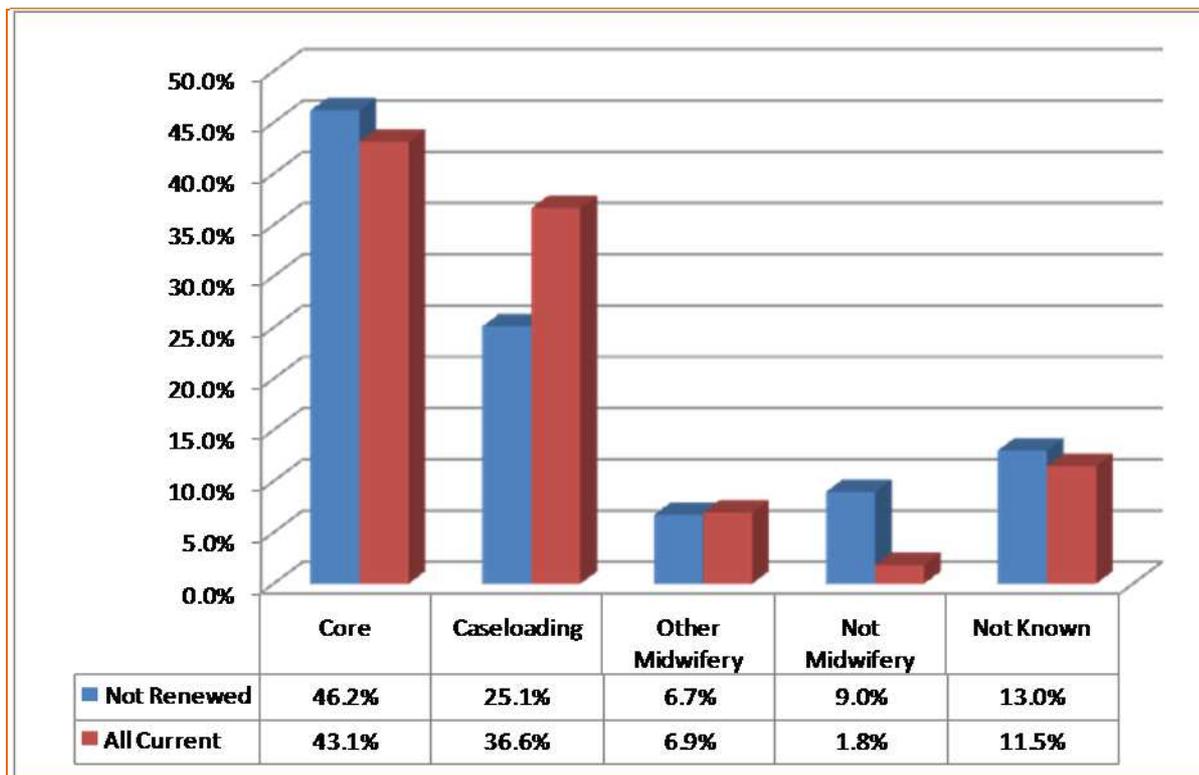


Figure 16: The proportion of midwives who did not renew by employment type compared with their proportion of the current midwifery workforce

Comment

The percentage of core midwives not-renewing was roughly equal to their percentage of the midwifery workforce. Caseloading midwives left practice in significantly fewer numbers than their share of the workforce.

4.2.6. Returning to practice

The Workforce Survey asked midwives who had returned to practice in the last year to give the reason.

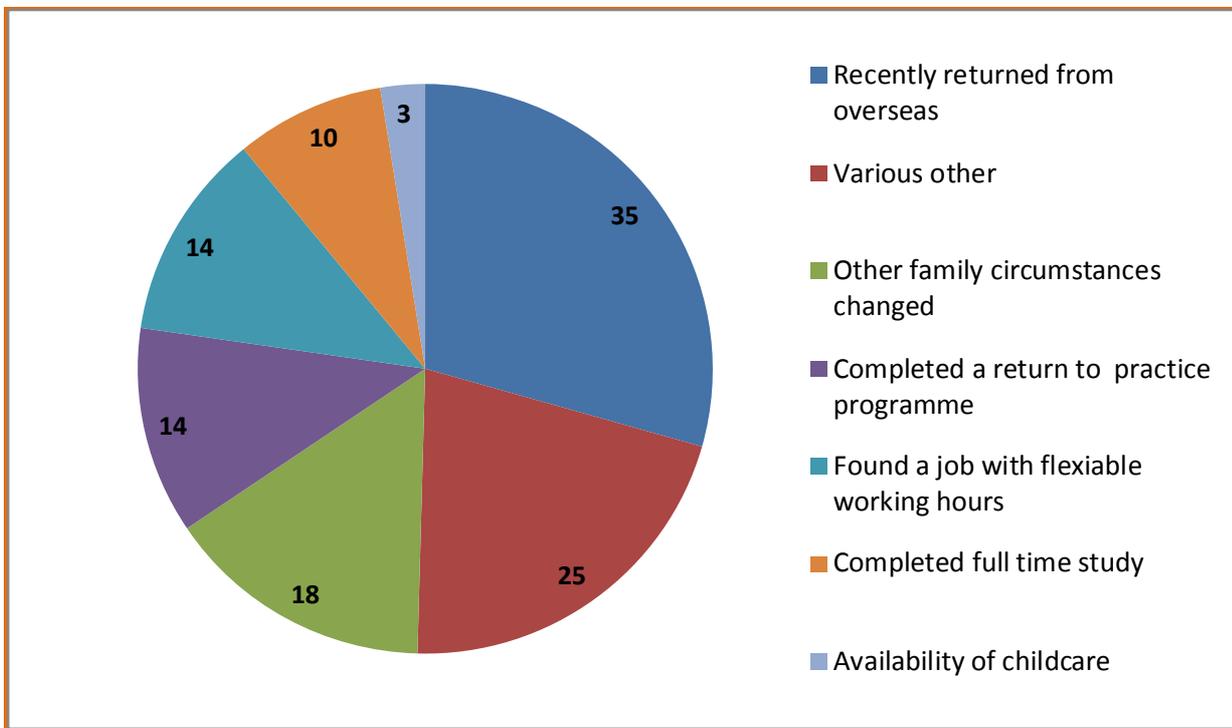


Figure 17: Reason for return to practice 2010

(Respondents could provide more than one answer and the total reasons exceed the number of midwives responding)

Comment

On average, a little over 100 midwives return to practice each year after a period of absence. Most of these absences were for a period of less than three years and the midwives did not have to complete a formal return to practice programme. The most common reason given for returning to practice was returning from overseas. The second most common reason was a change in family circumstances. Family circumstances are also a factor in some of the other categories, for example flexible working hours and availability of childcare.

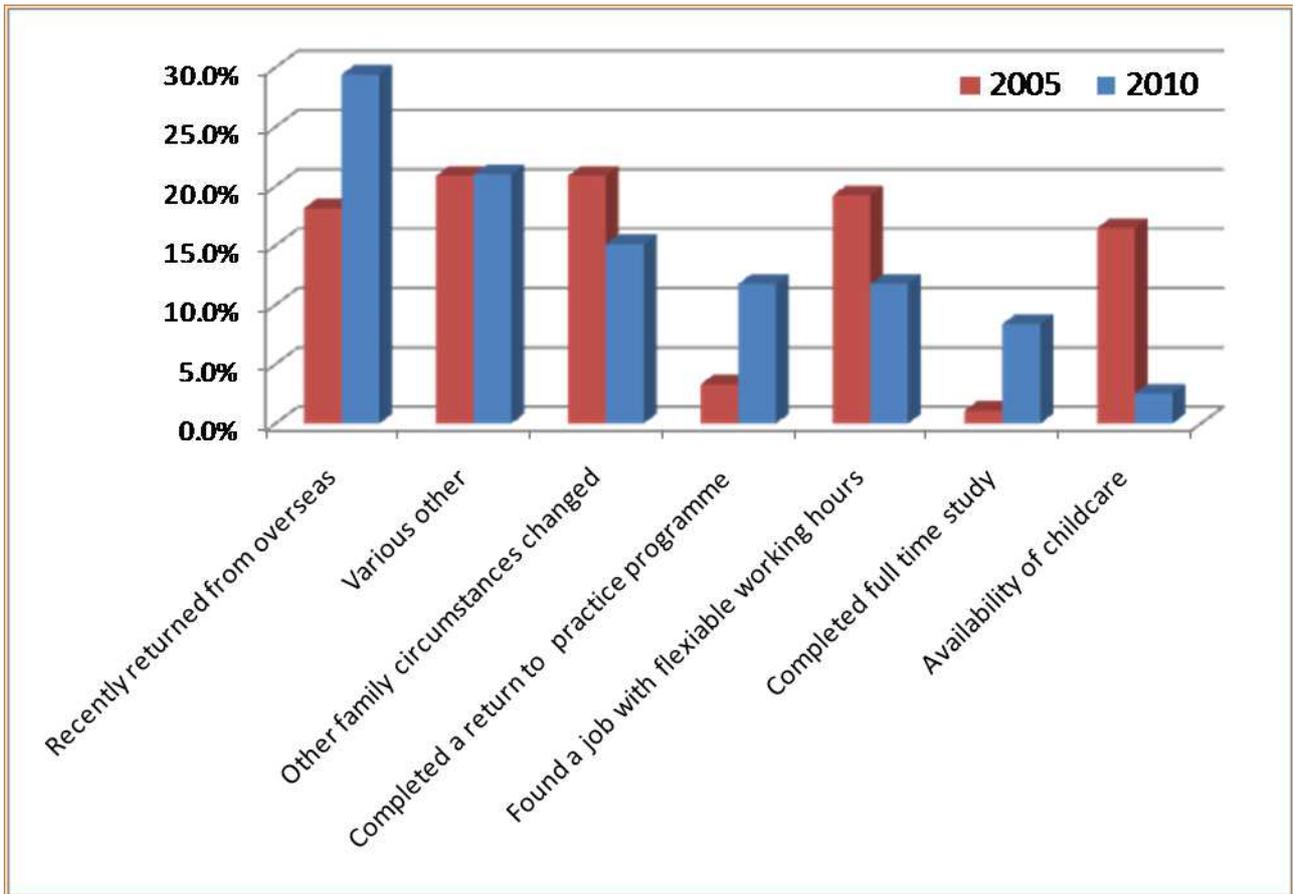


Figure 18: Reason for return to practice 2010, with comparative figures for 2005 – Percentages of those returning

Comment

The comparative figures indicate that midwives were more likely to have returned to practice in 2010 after returning from overseas and less likely due to changed family or personal circumstances.

Return to practice programmes

The Health Practitioners Competence Assurance Act provides that midwives who have not practised for three years or more must satisfy the Midwifery Council that they meet current safe practice standards before the Council is able to grant them a practising certificate. The nature of the return to practice programme required will depend on their midwifery qualification, their midwifery experience, their time out of practice, and what they did while not practising.

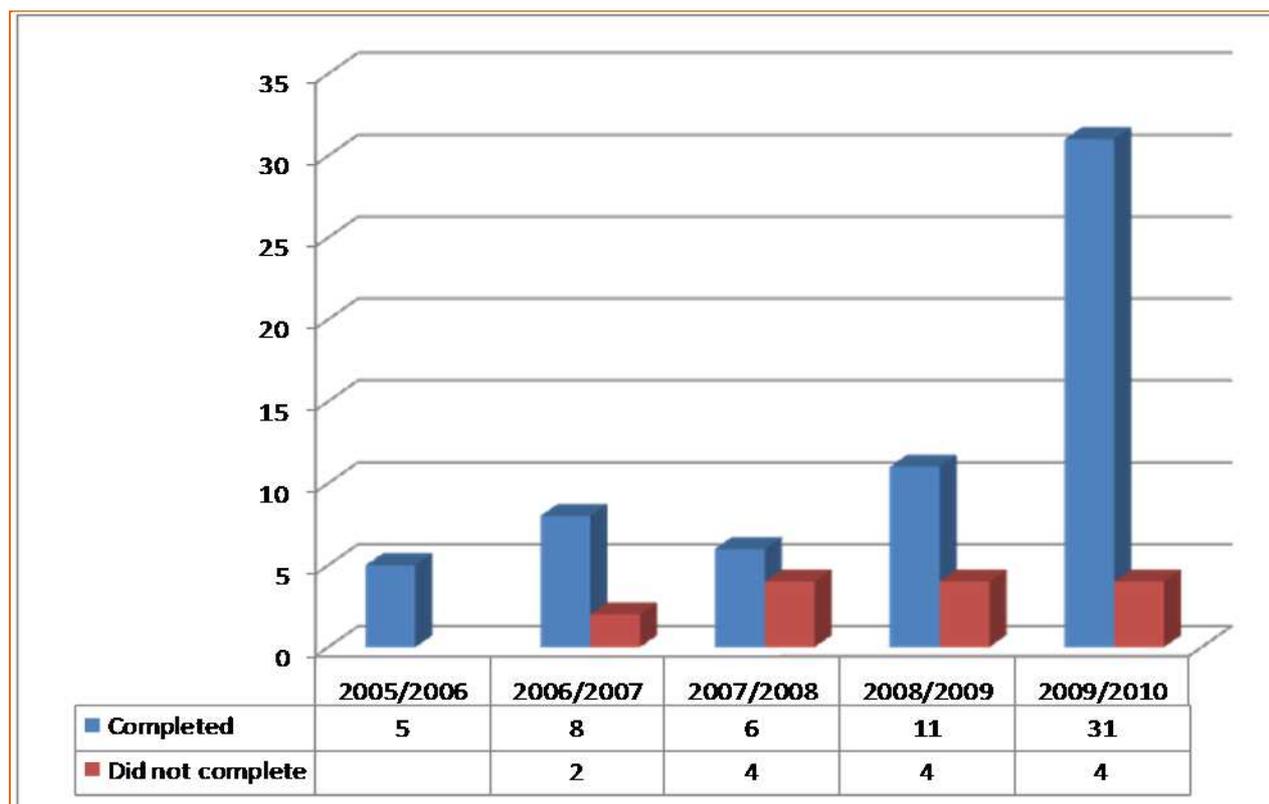


Figure 19: Midwives who have successfully completed a return to practice programme 2005/2006 to 2009/2010 years

Comment

The number of midwives who have completed a formal return to practice programme are low but show an increasing trend. The number who completed a programme in the 2009/2010 year exceeds the number completing the previous years combined. As at 1 June 2010, Council has approved return to practice programmes provided by four DHBs. Midwives may enter these programmes with the agreement of the DHB. Midwives who do not attend a pre-approved DHB programme must develop their own individual learning plan which is subject to approval by Council.

4.3. Midwifery Practice – Work and Employment Situations

4.3.1. Work situation

Main and second work situation

Midwives with current practising certificates were asked to specify their main work situation (the type of work they do) and a second work situation if applicable. This is self-reported and it is assumed that respondents will be reporting the work situation where they work longest as their main work situation but this might not be true in every case.

Core midwives make up about 47% of the midwifery workforce measured by main work type and about the same percentage of midwives with a second work type. Of the core midwives, about 78% (36% of the total workforce) reported working in a secondary/tertiary facility and 22% (10% of the total workforce) reported working in a primary facility.

Caseloading midwives (publically funded, community based) make up 41% of the workforce. Of the caseloading midwives about 78% (32% of the total workforce) are self-employed LMC midwives claiming the Section 88 maternity fee. The remaining 22% of caseloading midwives (9% of the total workforce) work as employed midwives, paid either by a DHB or by another employer.

Work type	Main Work Situation		Second Work Situation		
	Number	Percentage	Number	Percentage of second work	Percentage of workforce
Case load - Self-employed LMC	865	32.2%	144	20.7%	5.4%
Case load - Paid by DHB	175	6.5%	13	1.9%	0.5%
Case load - Paid by other	67	2.5%	27	3.9%	1.0%
Core facility - Primary	279	10.4%	143	20.6%	5.3%
Core facility - Secondary	489	18.2%	115	16.6%	4.3%
Core facility - Secondary/Tertiary	487	18.1%	65	9.4%	2.4%
Administration DHB	48	1.8%	14	2.0%	0.5%
Administration other	15	0.6%	11	1.6%	0.4%
Midwifery education - Tertiary	50	1.9%	16	2.3%	0.6%
Midwifery education - DHB	28	1.0%	15	2.2%	0.6%
Professional advice, policy	20	0.7%	14	2.0%	0.5%
Undertaking research	5	0.2%	6	0.9%	0.2%
Other midwifery	45	1.7%	54	7.8%	2.0%
Working overseas	8	0.3%	2	0.3%	0.1%
Maternity leave - returning	6	0.2%		0.0%	0.0%
Nursing	11	0.4%	36	5.2%	1.3%
Other paid employment	6	0.2%	17	2.4%	0.6%
Other not in employment	3	0.1%	2	0.3%	0.1%
Other	4	0.1%		0.0%	0.0%
Not stated	73	2.7%		0.0%	0.0%
Total	2,684	100.0%	694	100.0%	25.9%

Table 12: Main and second work situation

Comment

The first three rows of the table above are caseloading midwives. Self-employed LMC midwives make up the majority but there are a number of caseloading midwives employed by DHB and other employers. The next three rows are core midwives. Most work in secondary or tertiary situations but about a quarter of these work in a primary maternity setting.

Six hundred and ninety-four midwives (25.9%) reported a second work situation. In only 7 cases was the second work situation of the same type as the main work situation.

One hundred and forty-four of the midwives who reported self-employed LMC as their main work situation also reported a second work situation. In 124 cases (69%), the second work situation was core midwifery. In 5 cases, the second work type was nursing.

Three hundred and twenty-three of the midwives who reported core midwifery as their main work situation also reported a second work situation. In 78 cases, the second work situation was self-employed LMC. In 28 cases, the second work type was nursing.

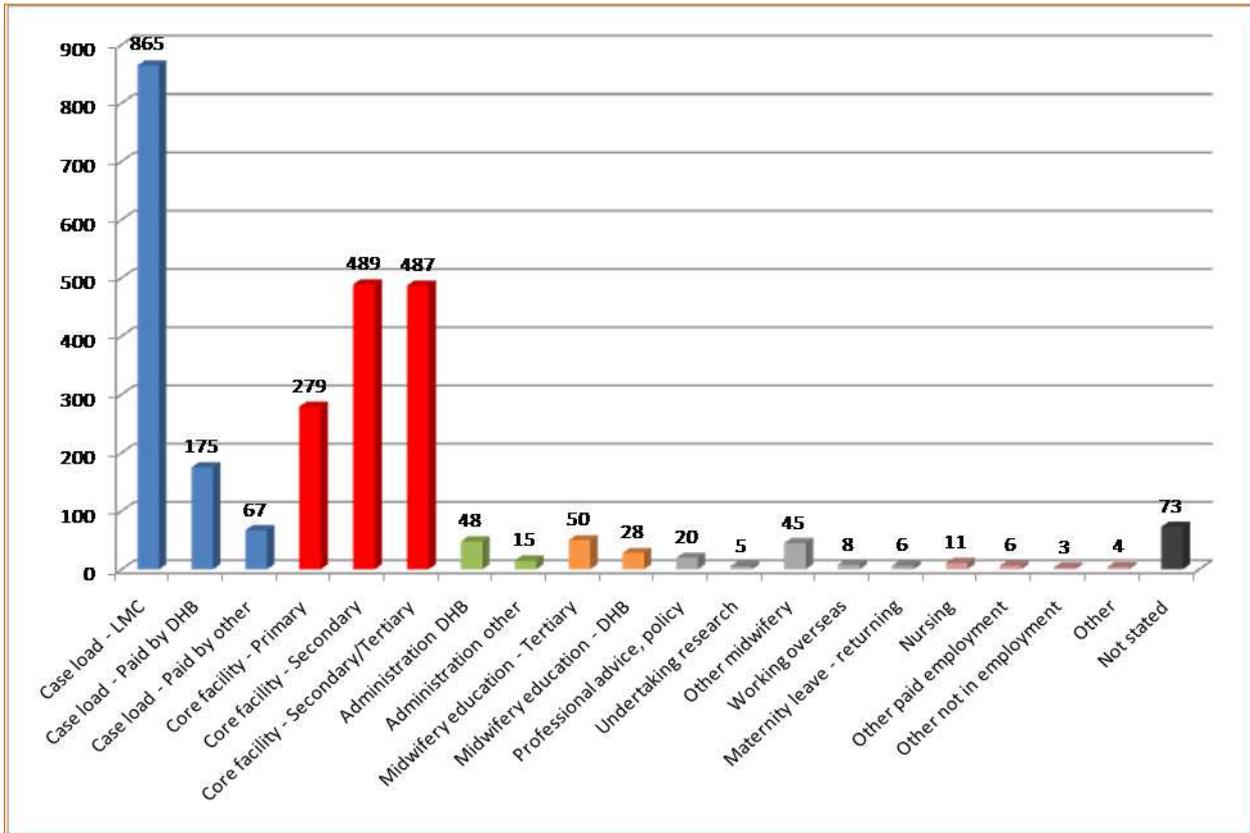


Figure 20: Main work situation - numbers

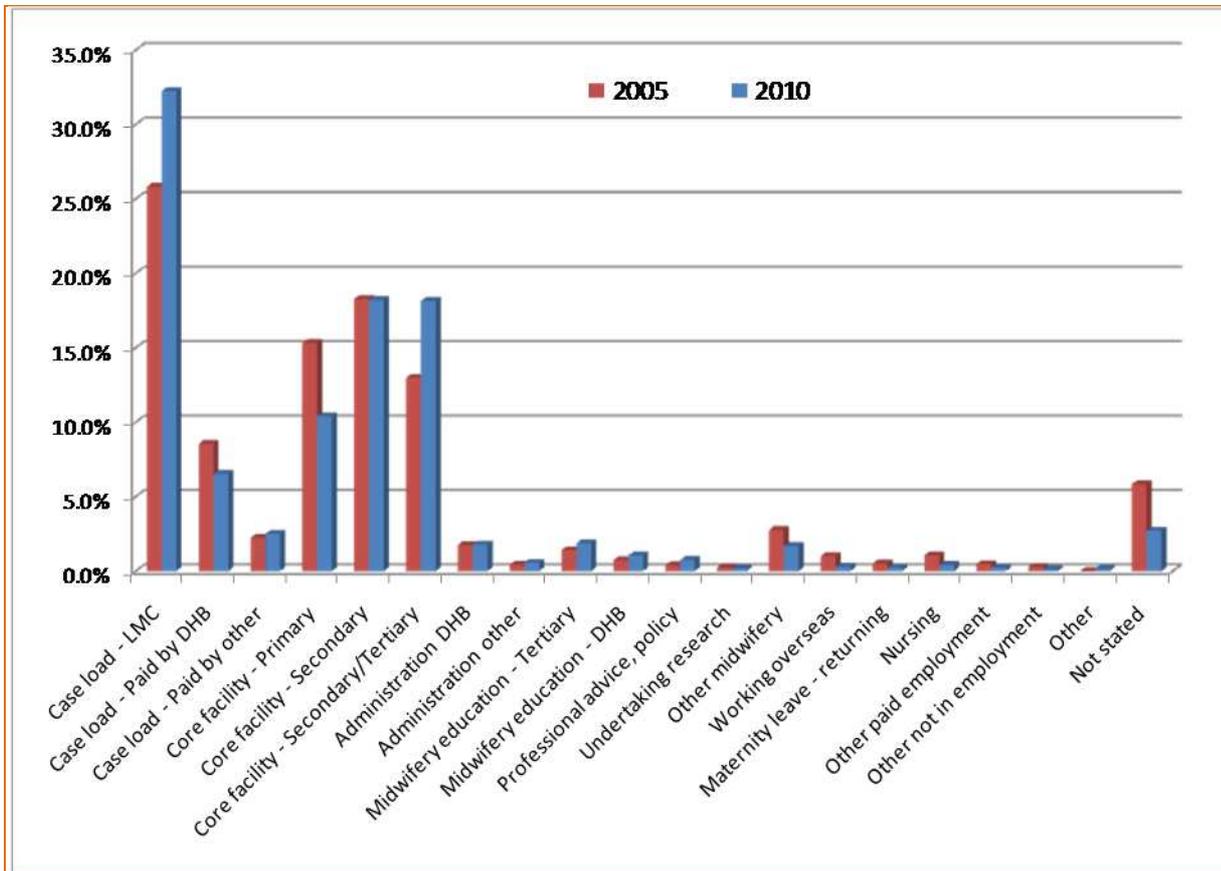


Figure 21: Main work situation 2005 and 2010 compared – Percentage of the workforce

Work situation and age

The age of midwives reporting self-employed LMC and Core as their main work situations was profiled to see if there was any difference between the two groups.

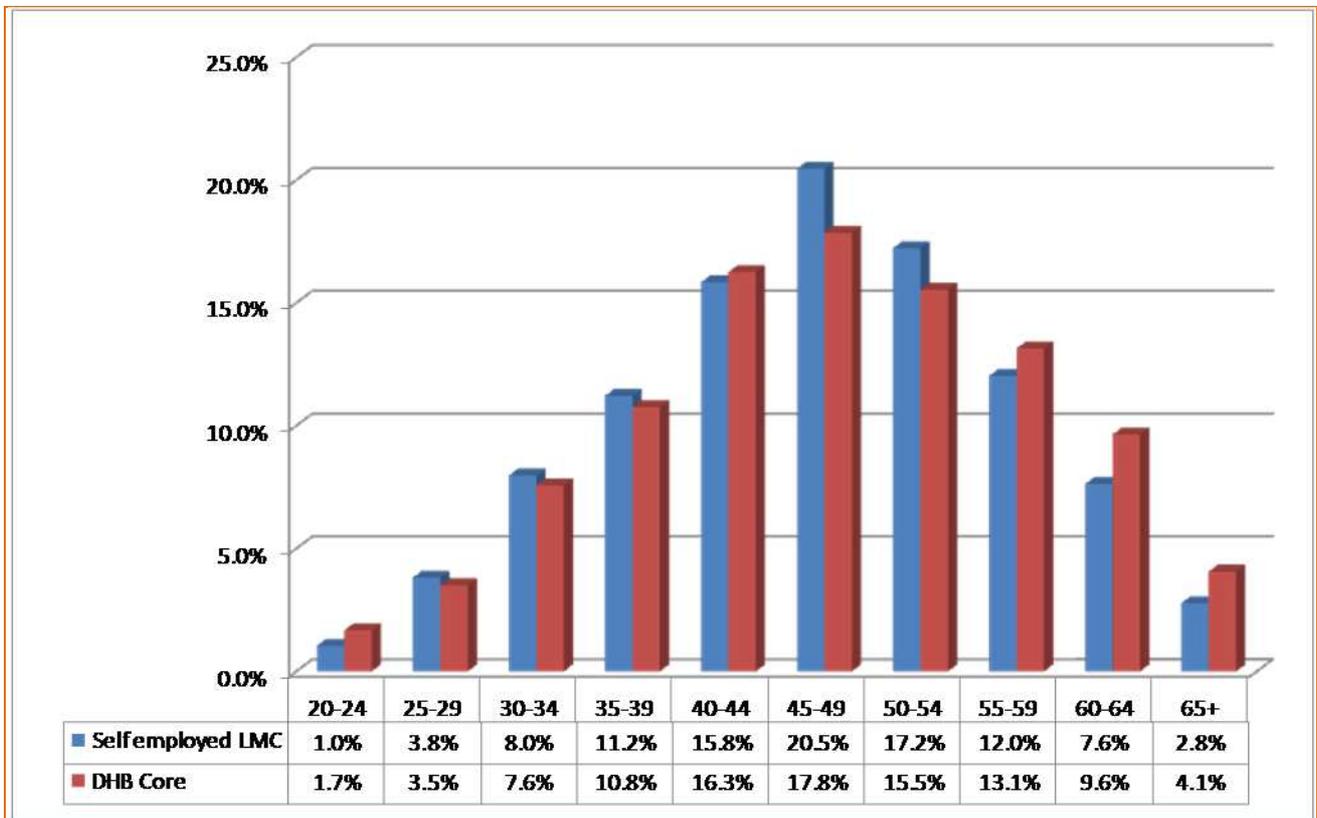


Figure 22: Comparison of the age profile of self-employed LMC midwives and core midwives

Comment

The differences are not great but the table above indicates that midwives in the three older age groups are more likely to work as employed-hospital (core) midwives than as self-employed LMC midwives. The results in the age groups below this largely show a small preference to LMC work.

Midwives changing work types

The tables below show the flow of midwives from one work type to another between the five year period from 2005 to 2010. The table compares the work types reported by midwives in the 2005 workforce survey to the work types reported by the same midwives in the 2010 survey. The return rate for both surveys is very high but a small number of midwives who have current practising certificates are not captured by the table.

Work type in 2005	Work type in 2010 - same midwives							Not in 2010 survey
	Core	Self employed LMC	Caseloading employed by DHB or other	Other midwifery	Not midwifery	Not stated		
Core	1,198	565	89	58	65	9	11	401
Self employed LMC	678	103	374	30	34	5	14	118
Caseloading employed by DHB or other	277	77	44	60	10	1	3	82
Other midwifery	198	36	11	8	63	2	3	75
Not midwifery	85	20	6	3	5	2		49
Not stated	136	51	21	13	7		2	42
Total	2,572	852	545	172	184	19	33	767

Table 13: The movement of midwives between the major work groups

Comment

In the 2005 survey, 2,572 midwives reported a work type. In the 2010 survey, 1,805 of the midwives who were in the 2005 survey reported a work type. Seven Hundred and sixty-seven midwives from 2005 did not appear in the 2010 survey and presumably were not current at that time or did not return a survey form.

Of the 1,805 midwives who reported a work type in both surveys, 1,064 (59%) reported the same work type, 616 (34%) reported a different work type, and 125 (7%) did not state their work type in one or the other of the surveys.

A detailed breakdown of movement between each work type is given in Appendix 3.

Movement between caseloading and core

Between 2005 and 2010, more midwives moved from caseloading to core (180) than in the other direction (147). It should be noted that there are more core midwives than caseloading midwives. Over the same period in the total workforce, there was an increase in the proportion of midwives who reported working as caseloading midwives while the proportion reporting working as a core midwife remained about the same. This is partly accounted for by the fact that caseloading midwives left the profession in smaller proportions than core midwives over the same period. The work type taken up by newly registered midwives and those returning to practice may influence this trend.

Movement between caseloading and core by age group

Age of midwives moving from caseloading to core and in the other direction was profiled to see if there was any difference between the two groups.

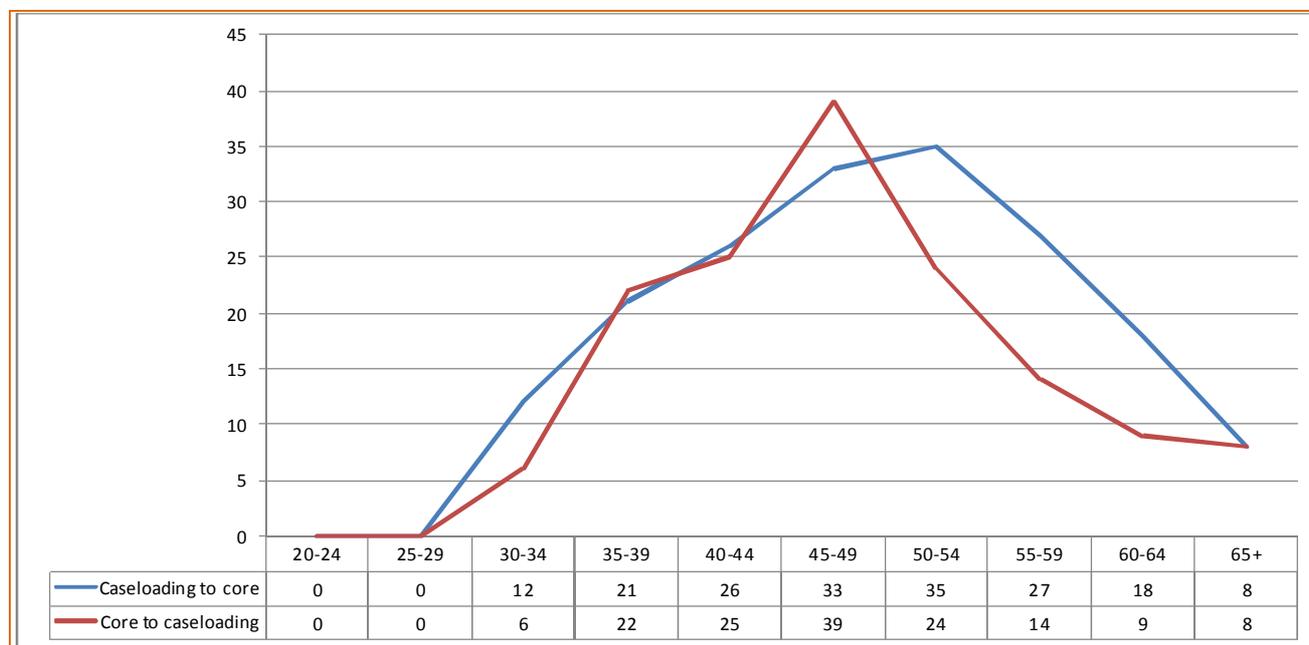


Figure 23: The number of midwives moving between core midwifery and caseloading midwifery by age group - 2005 to 2010

Comment

The figure above shows a greater tendency to move from caseloading to core rather than the other direction in the older age groups and also in the 25 to 29 age group (but these latter numbers are small). Only the 45 to 49 age group shows a greater tendency to move from core to caseloading.

The figure below shows the proportion of midwives moving between caseloading midwifery and core midwifery that fall in each age group compared to the proportion of midwives in the midwifery workforce in those age groups.

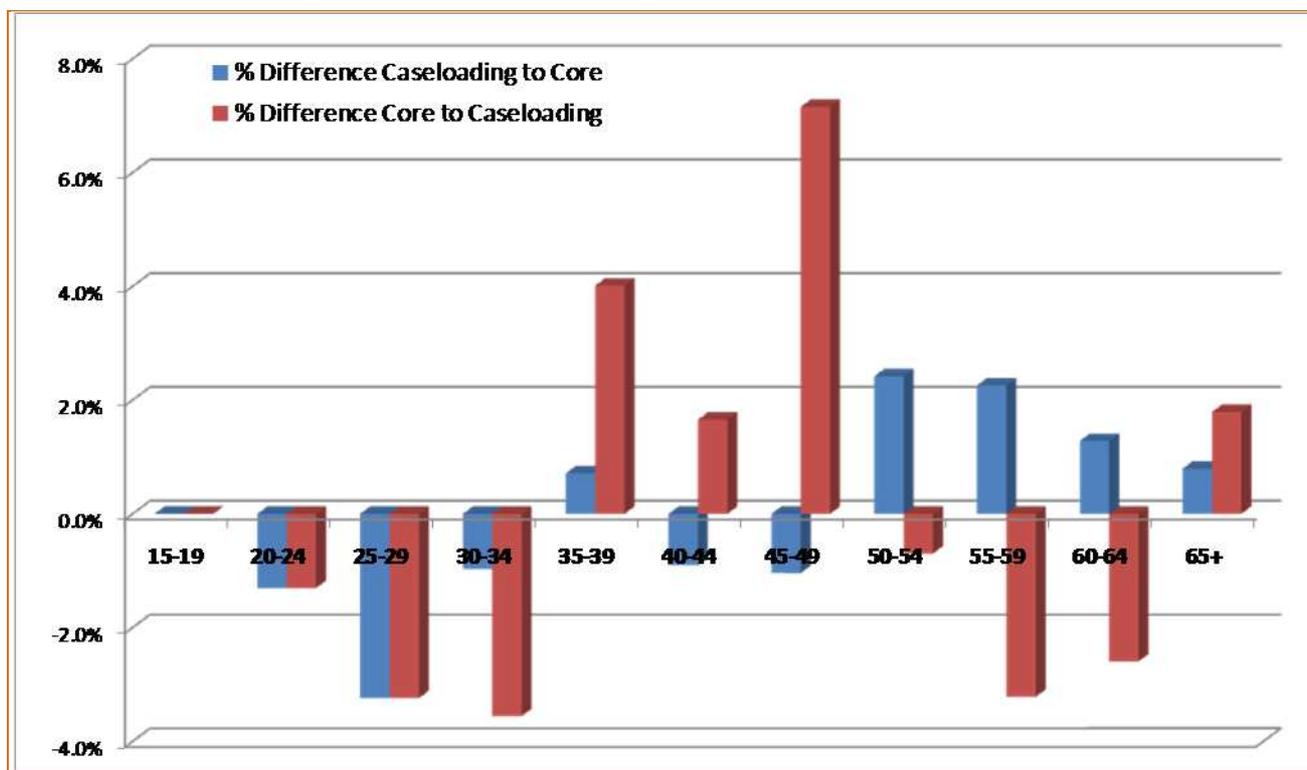


Figure 24: Percentage moving between core and caseloading compared to percentage of the midwifery workforce in that age group

Comment

For each age group, Figure 18 shows the gap between the share of the workforce and the share of those changing work types. A bar above the line means that midwives in the age group changed work type in a greater proportion than their share of the workforce.

The chart indicates that younger midwives make up a smaller proportion of those moving compared to their proportion of the workforce as a whole. For older midwives, the difference varies according to their age group and work type.

4.3.2. Employment situation

The Workforce Survey asked midwives to specify their employer type, with their main employment situation and their next main employment situation. The employer type is a different question to the type of work a midwife does but in many cases there is a close correlation between these two questions.

Employer type	Main Employer		Second Employer	
	Number	%	Number	%
District Health Board	1,473	54.9%	196	42.6%
Self-employed - LMC	845	31.5%	129	28.0%
Private/Community service	130	4.8%	39	8.5%
Not stated	99	3.7%		
Educational institution	55	2.0%	20	4.3%
Other	36	1.3%	30	6.5%
Subcontracted to LMC	19	0.7%	29	6.3%
Māori service provider	13	0.5%	6	1.3%
Midwifery agency	10	0.4%	4	0.9%
Government agency	2	0.1%	6	1.3%
Pacific service provider	2	0.1%	1	0.2%
Total	2,684	100.0%	460	100.0%

Table 14: Main employment situation

Comment

Over half of the midwifery workforce (55%) is employed by DHBs. This includes core midwives, some caseloading midwives, midwifery educators, midwifery managers, and administrators. Self-employed LMC midwives claiming fees under the Primary Maternity Services Notice make up about 32% of the workforce.

The employer situation as a percentage of the workforce in the 2010 survey was compared to the 2005 survey.

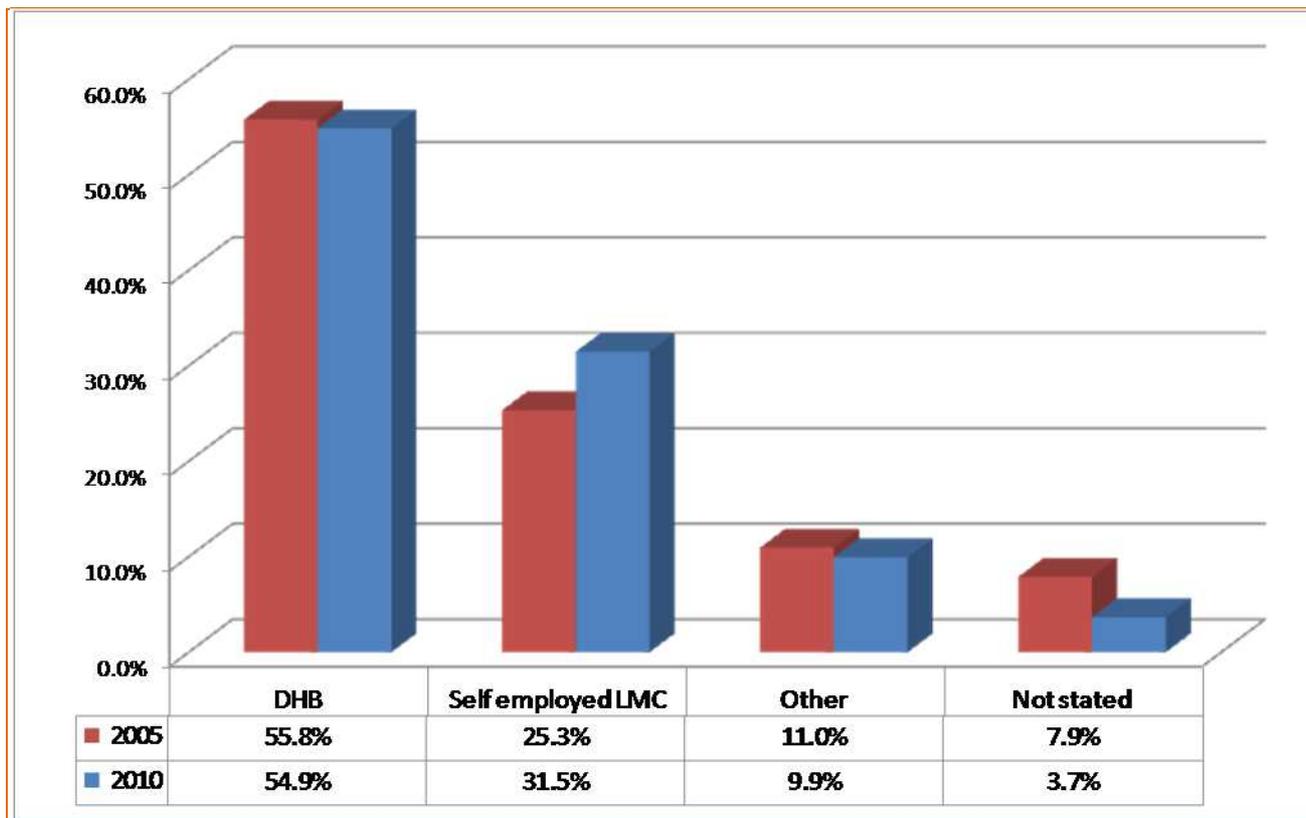


Figure 25: Distribution of employment situation - 2005 and 2010

Comment

This shows that there has been an increase in self-employed LMC as a proportion of the workforce. ‘Other’ employer situations and the ‘not stated’ category show reductions.

4.3.3. Hours worked

Many midwives work part time. There are a number of reasons for this. This section looks at the hours worked by midwives, and whether this has changed since 2005.

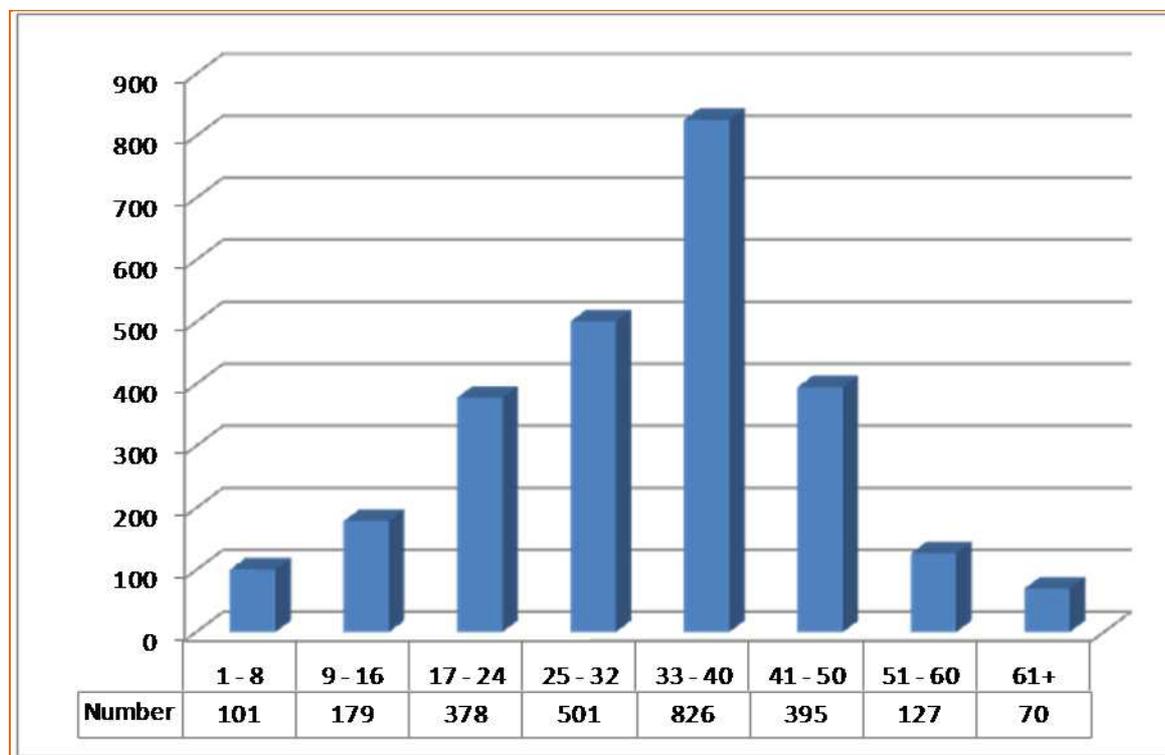


Figure 26: Hours worked in midwifery per week 2010

Comment

Midwives most commonly work 33 to 40 hours per week (reported by 826 midwives (32%)). About 45% work fewer hours and about 23% work more than 40 hours per week. The number of midwives who have reported very high hours is concerning although it is not known how the hours were calculated, particularly in the case of self-employed midwives. The number who report working more than 50 hours per week has dropped since 2009 from 267 to 197.

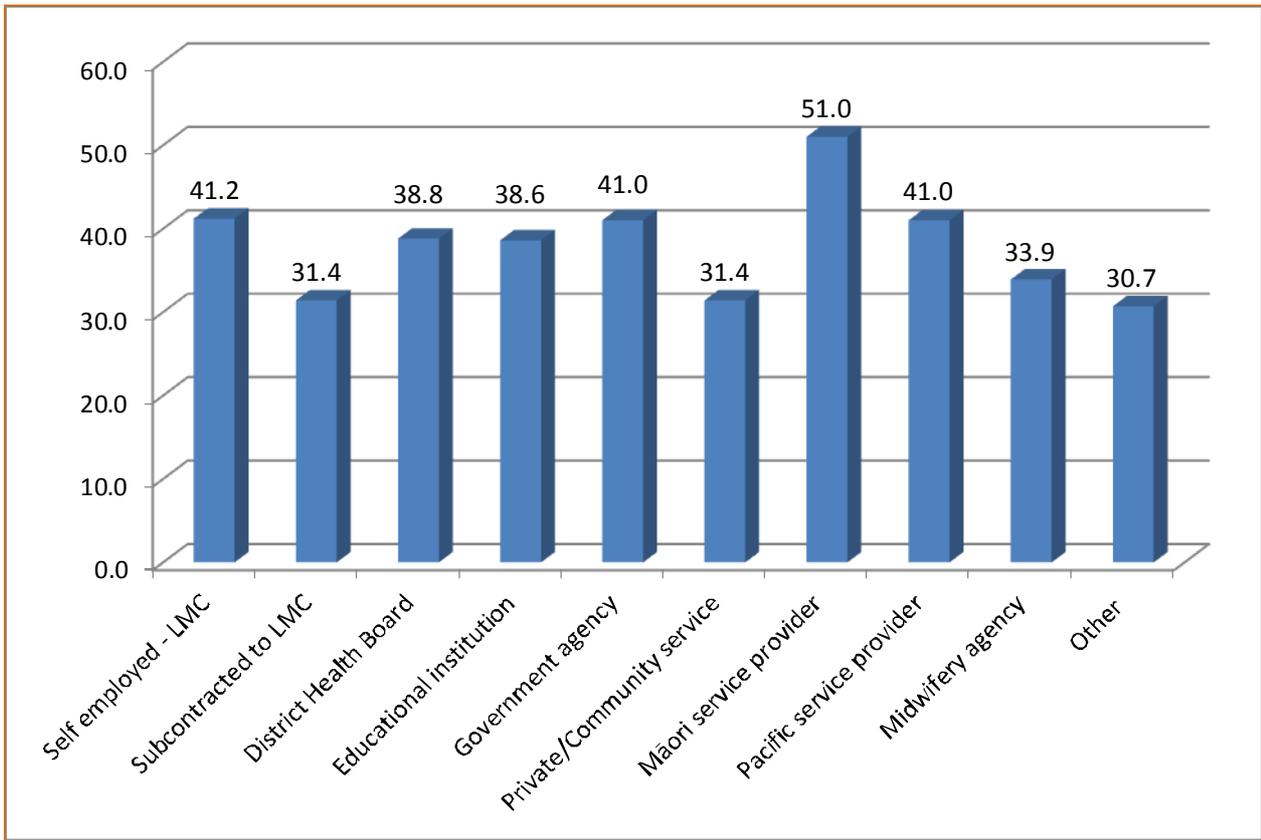


Figure 27: Average hours worked per week by work type

Note. The numbers in some of the categories were low, for example only 13 midwives reported working for a Māori maternity service provider. Therefore the average hours can be influenced by the work habits of a few individuals.

Comment

Part time work is more likely to be undertaken by midwives who:

- subcontract to a LMC
- work for a midwifery agency
- work for a private maternity service.

An overall average of around 40 hours per week was recorded for those midwives working as a self-employed LMC, working for a DHB, working for an educational institution, working for a government agency and those working for a pacific service provider. The highest average hours was recorded for midwives working for a Māori maternity service provider. Low numbers make it unsafe to draw conclusions for this category.

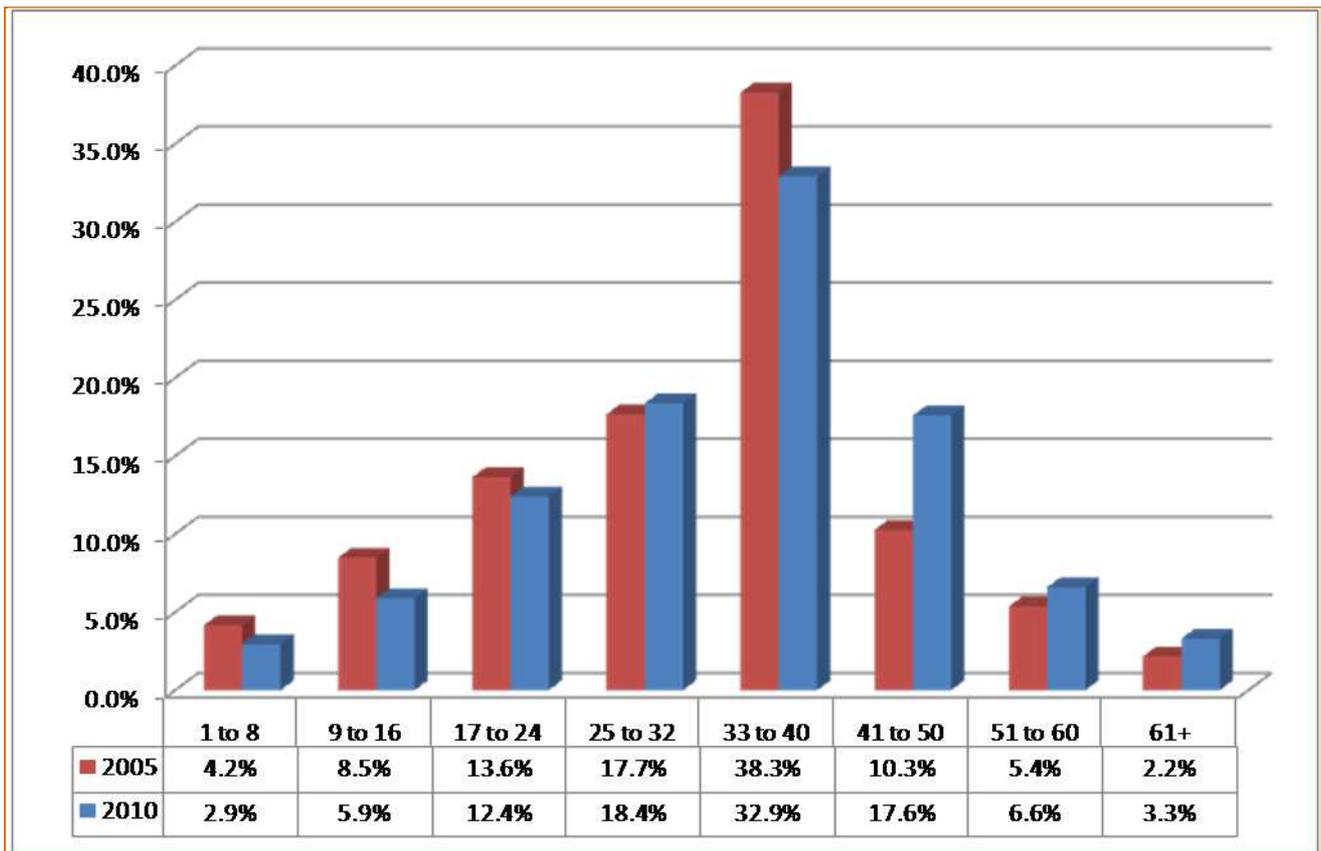


Figure 28: Hours worked per week - 2005 and 2010

Comment

Figure 22 above shows a comparison of hours per week worked in 2005 and in 2010. This would indicate that there has been a reduction in the share of the workforce working in the lower hours per week groupings and an increase in the workforce working higher hours per week.

4.3.4. Reason for part time work

The Workforce Survey asked midwives working part time to give their reasons. This question was answered by 1,231 midwives. A large number of reasons were given.

Reason	Number		Percentage	
	2010	2005	2010	2005
Prefer working on a casual basis	535	146	43.3%	13.1%
Parental responsibilities	432	401	35.0%	36.0%
Other	97	307	7.8%	27.6%
Have reduced hours due to high work load	68	70	5.5%	6.3%
Building a case load	44	49	3.6%	4.4%
Not enough midwifery work available	29	24	2.3%	2.2%
Student	12	27	1.0%	2.4%
No access to flexible working hours	8	50	0.6%	4.5%
No access to childcare	7	24	0.6%	2.2%
Seeking midwifery work	4	16	0.3%	1.4%
Total	1,236	1,114	100.0%	100.0%

Table 15: Reasons for part time work – 2010 and 2005

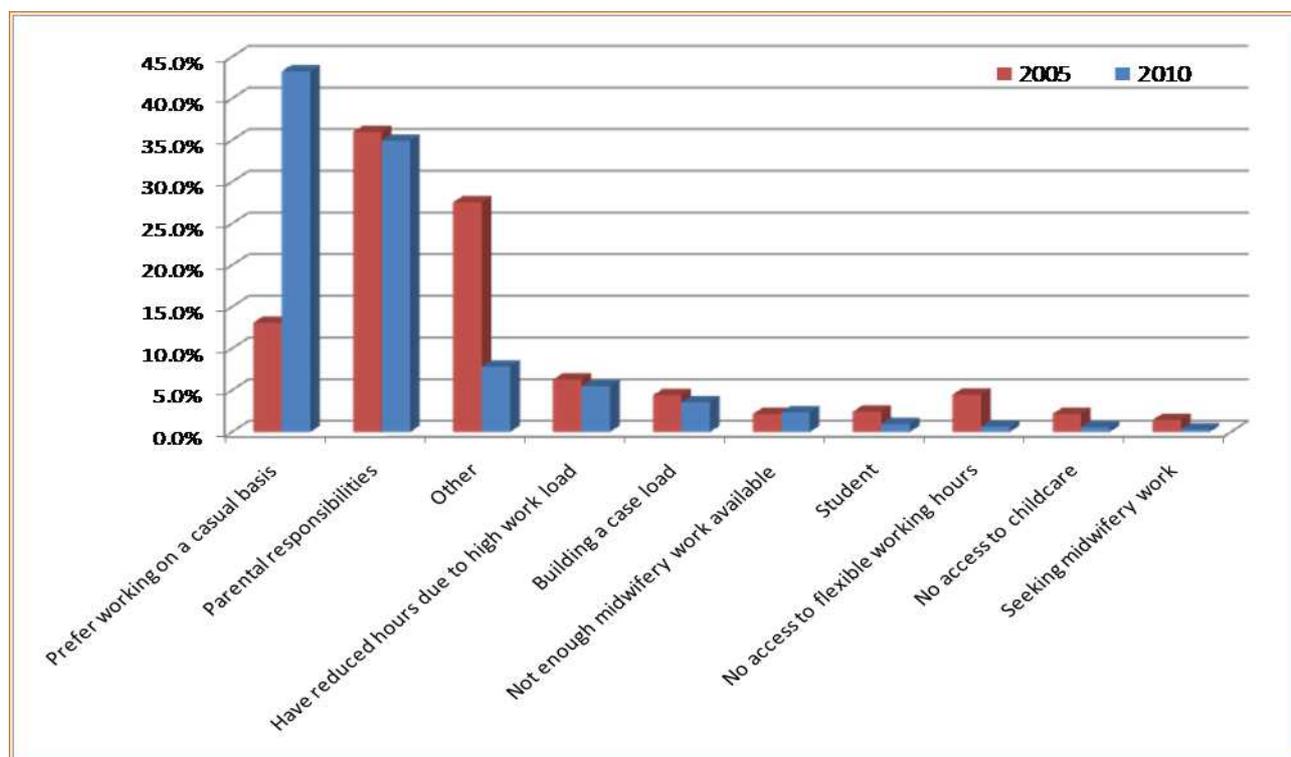


Figure 29: Reasons for part time work – 2010 and 2005

Comment

In 2010, the largest number of midwives reported personal choice as the reason for working part time. This is in marked contrast with 2005 but this reason may have been hidden in the large ‘Other’ category in 2005. The second most common reason was family responsibilities. These two reasons made up 78.3% of the replies in 2010.

4.3.5. Number of women in LMC caseload

The survey asked caseloading midwives to report the number of women for whom they provided full LMC care.

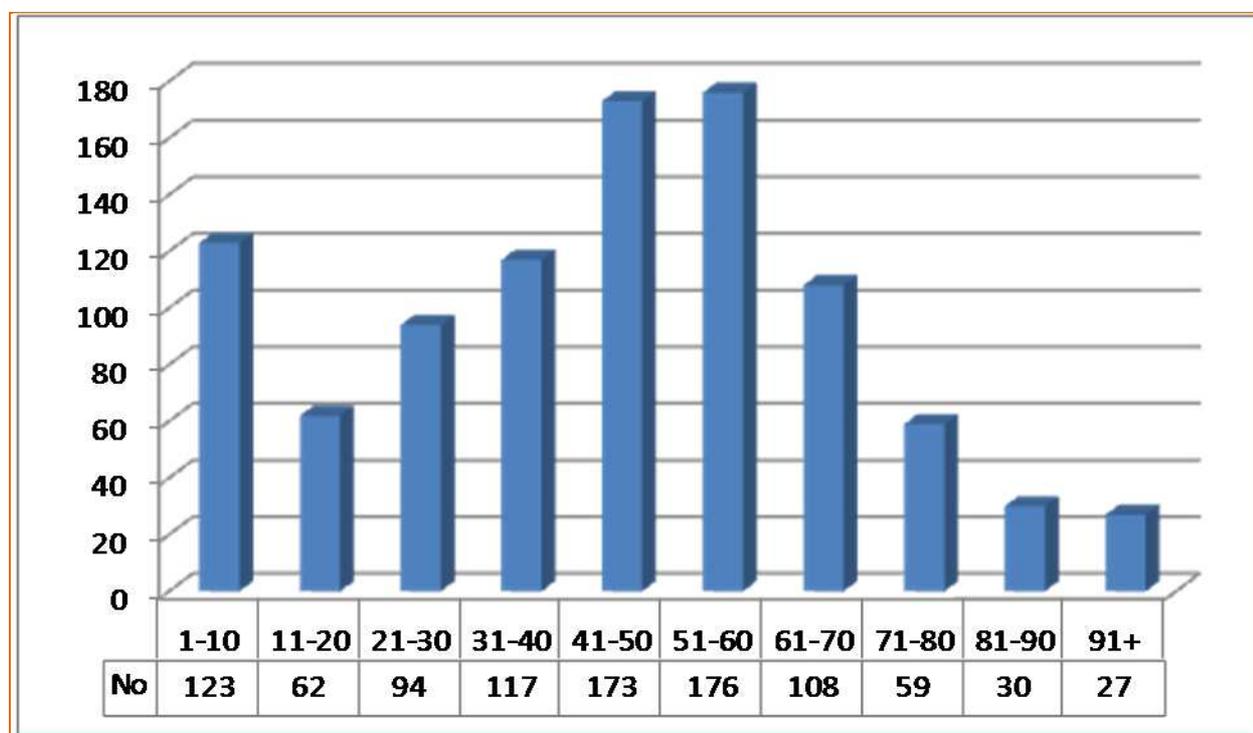


Figure 30: Number of women in LMC caseload

Comment

The overall average caseload is about 46.6 women per midwife.

It is generally held by the profession that a reasonable case load for a full time LMC midwife is between 40 – 50 women per year (NZCOM, 2008, p.45). However the number of women a LMC can reasonably care for will vary with the midwife's level of skill, work practices, the demands of the geographical area, the support available to the midwife and to the women, and other factors.

The chart below compares the number of women cared for reported in the 2005 survey with the numbers reported in the 2010 survey to see if there has been a change.

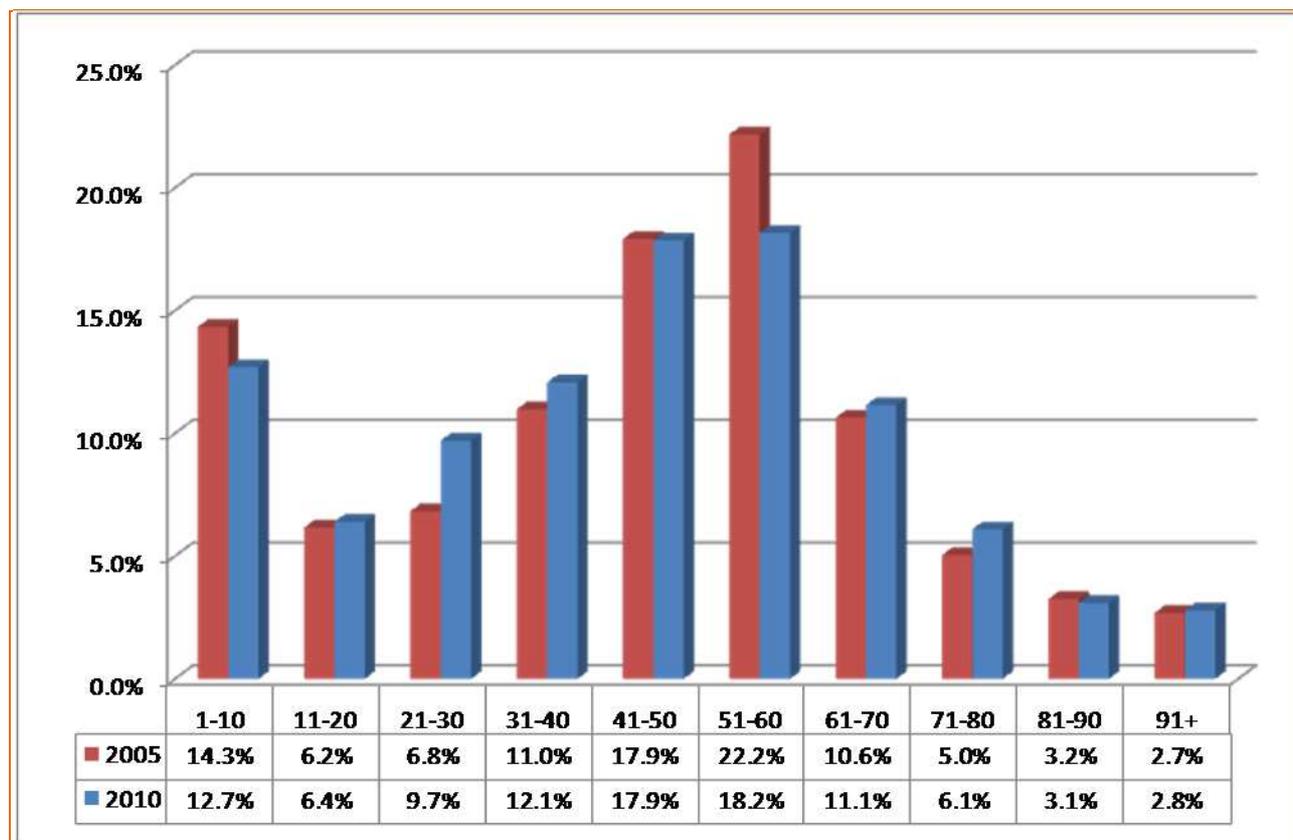


Figure 31: Number of women in LMC caseload – 2005 and 2010 – percentage by grouping

Comment

The results are mixed with an increase in both lower caseload numbers and higher caseload numbers. The overall average in 2005 was about 44 women. The average in 2010 is higher at 45.2 women. It is noted that both the midwifery workforce and the birth numbers have increased over this period.

4.3.6. Geographical data

The workforce survey asked each midwife to specify the geographical areas where she worked. Responses were recorded by Territorial Local Authority (TLA) area and then grouped into DHB areas. DHB can cover multiple TLA areas and the number varies. Midwives could specify up to three TLA areas as their work areas.

The charts below give the numbers of midwives in each DHB area. The copy of the questionnaire in Appendix 1 gives a list of all the TLA areas and the DHB area in which they fall. Appendix 3 includes detailed results by TLA area, as well as numbers in each DHB area by work type and by ethnicity.

It should be noted that DHB areas are not equal in terms of physical size or population coverage.

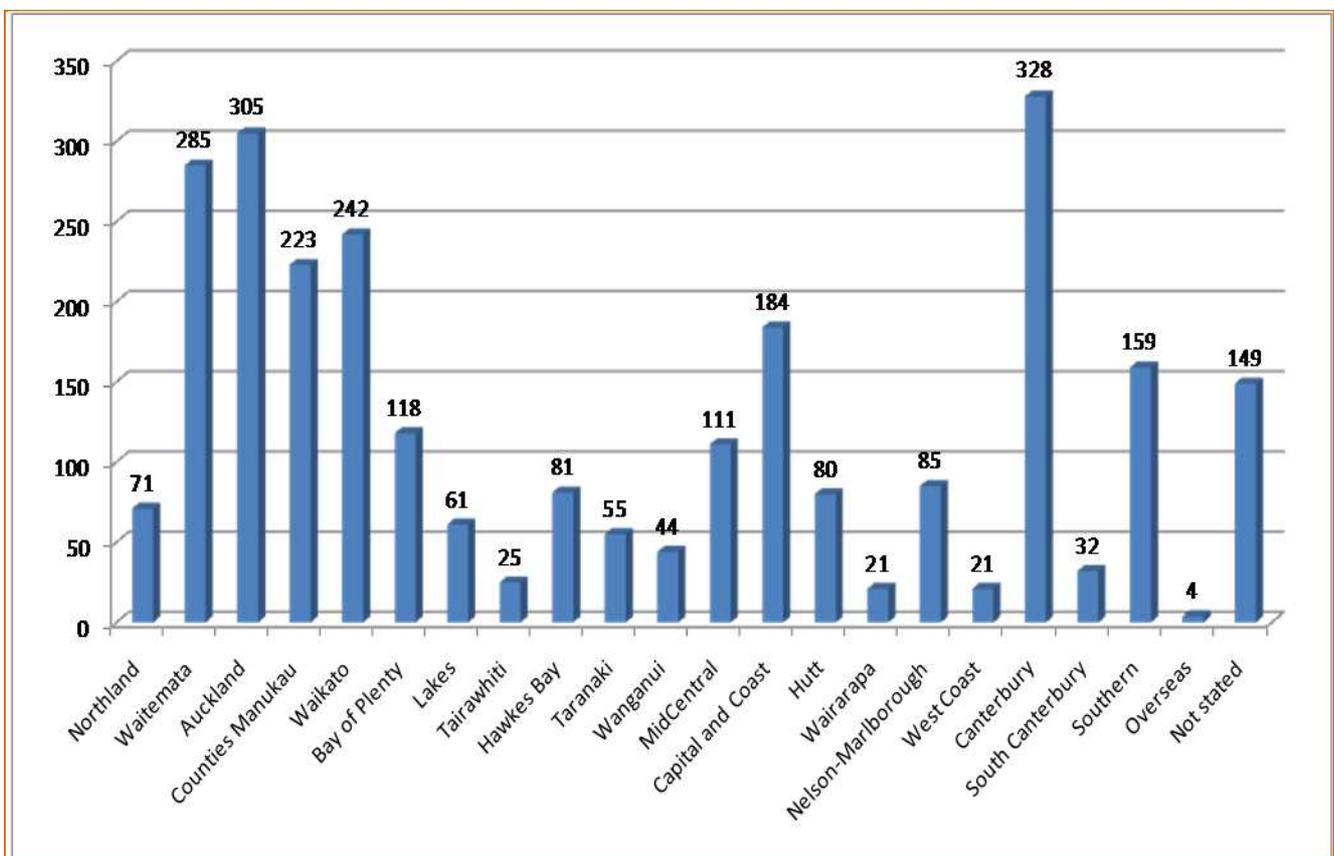


Figure 32: Number of midwives working in each DHB area – main work area

Comment

The chart above shows the number of midwives in each DHB work area sorted geographically from north to south. A large number did not indicate a geographical work area.

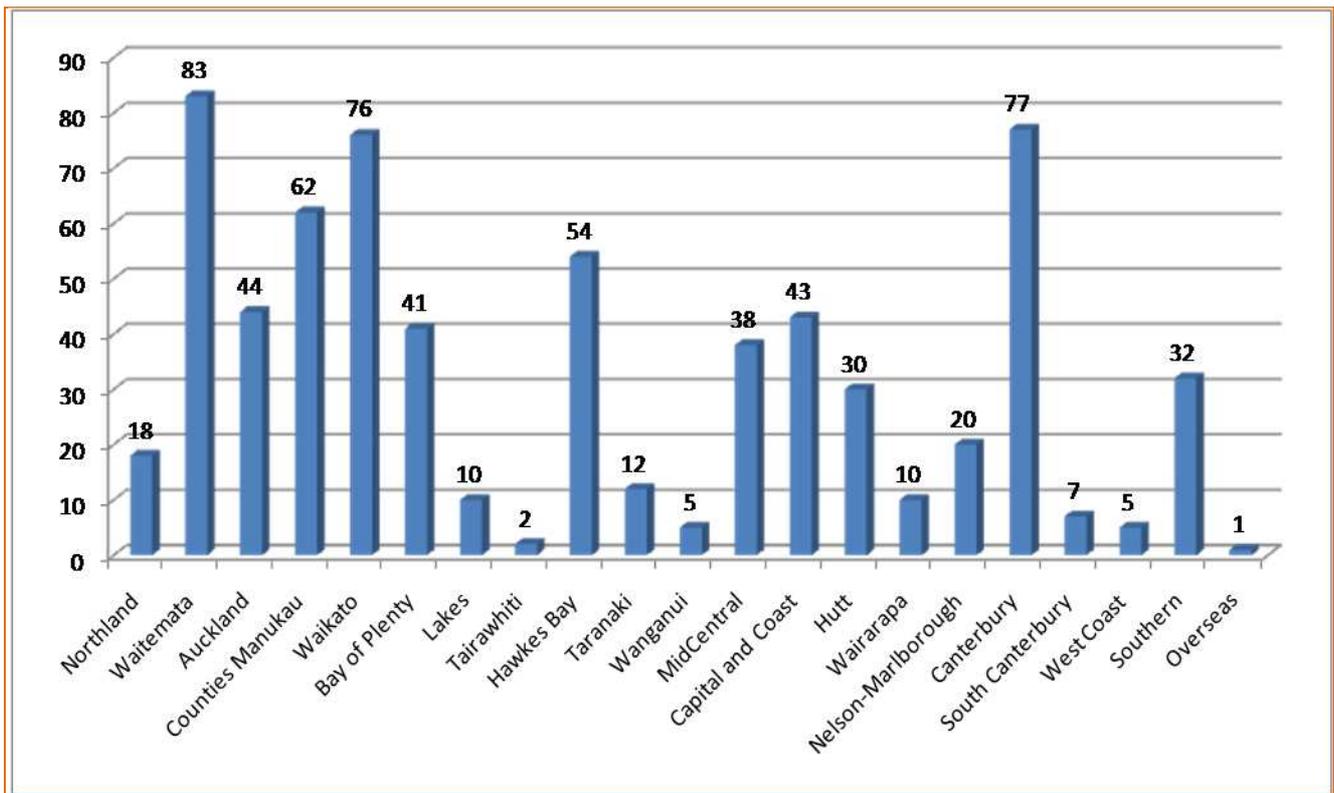


Figure 33: Number of midwives reporting a second DHB work area 2010

Comment

Six hundred and seventy midwives reported working in a second TLA area. In the majority of cases, this was in the same DHB coverage as their first TLA work area.

The tendency to work in more than one DHB area is closely related to the physical size of the DHB area and the proximity to large populations in adjacent areas. For example Auckland DHB (Auckland city), Counties Manukau DHB, and Waitemata DHB (North Shore City) cover adjacent and contiguous urban areas.

The chart below shows the number of core and caseloading midwives working in each DHB area.

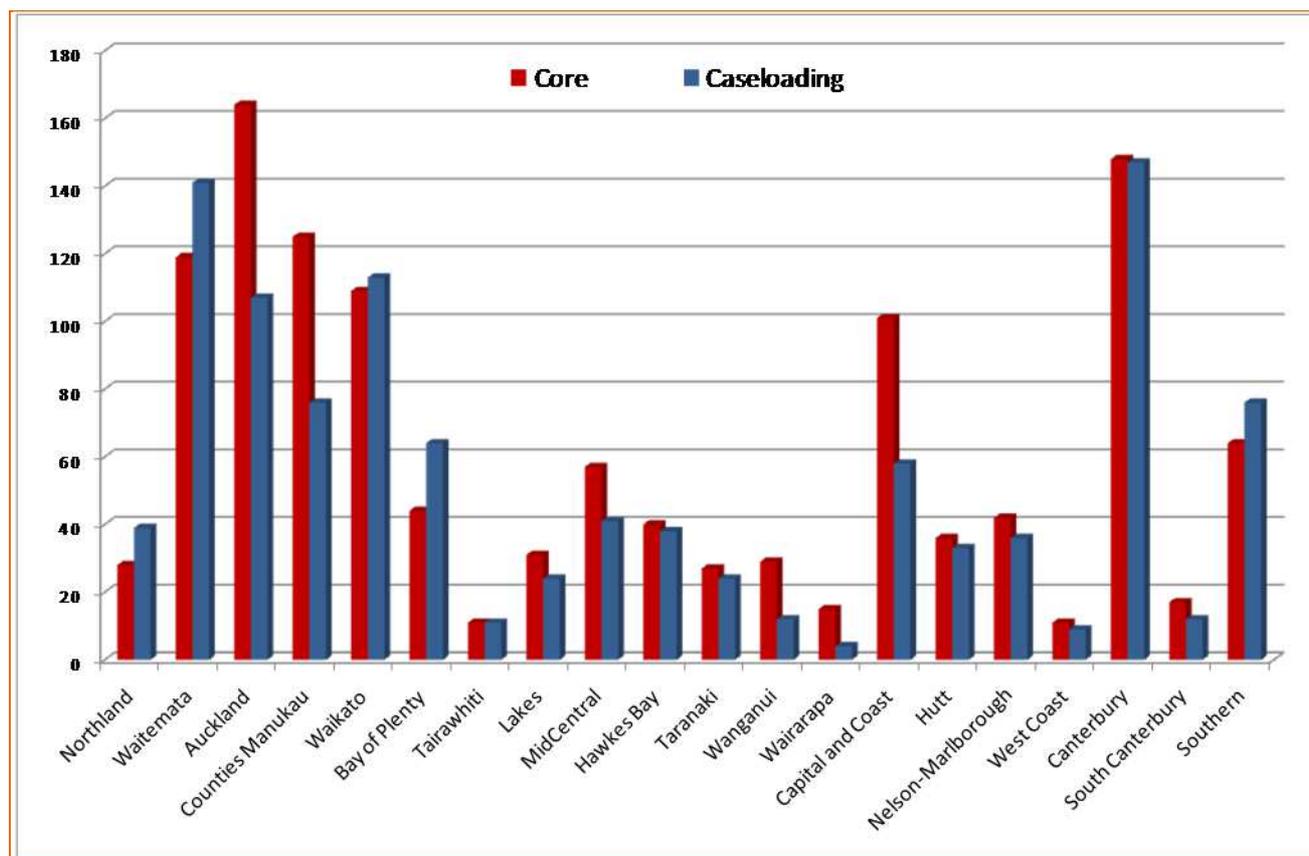


Figure 34: Number of core and caseloading midwives in each DHB area 2010

Note. Caseloading includes self-employed LMC midwives and employed LMC midwives

Comment

Auckland, Counties Manukau, Waikato, Capital and Coast, Canterbury, and Southern DHBs offer tertiary obstetric services and would expect to have a higher proportion of core midwives than other areas.

5. Appendices

Appendix 1 – Annual Workforce Survey questions

WORKFORCE SURVEY QUESTIONS

(2010/11 year)

About You

15-<Id>

1. Are you female male

2. What is your year of birth?

3. With which ethnic group or groups do you most closely identify? 1st 2nd 3rd

(Use the codes from the **Ethnicity Codes** table enclosed and enter up to three, one code per box, main ethnicity first)

If other (611) please specify _____

4. How many years in total have you been part of the midwifery workforce? Include time spent working overseas.

Number of years

5. Have you returned to the New Zealand midwifery workforce in the last year?

- No
- Yes → What factors contributed to your decision to return to midwifery?
- | | |
|--|---|
| <input type="checkbox"/> I completed a return to midwifery practice programme | <input type="checkbox"/> I have recently returned from overseas |
| <input type="checkbox"/> Availability of childcare | <input type="checkbox"/> Other family circumstances changed |
| <input type="checkbox"/> I found a job with flexible working hours that satisfied me | <input type="checkbox"/> I completed full time study |
| <input type="checkbox"/> Other - Please specify _____ | |

6. Are you now applying to obtain an APC for the 2010/2011 year Yes No

If no, is the main reason Work does not require APC Leaving midwifery workforce

7. If you are not currently practising as a midwife in New Zealand what is the main reason contributing to this.

- | | |
|--|---|
| <input type="checkbox"/> Living overseas (Practising midwifery) | <input type="checkbox"/> Unhappy with shift work |
| <input type="checkbox"/> Living overseas (Not practising midwifery) | <input type="checkbox"/> Unhappy with caseload practise |
| <input type="checkbox"/> Inadequate remuneration | <input type="checkbox"/> Limited career structure |
| <input type="checkbox"/> Employment does not require a midwifery APC | <input type="checkbox"/> Parental leave |
| <input type="checkbox"/> Other - please specify _____ | |

About Your Working Arrangements

8. What code from the **Work Type** table enclosed best describes the work you do?

Main work situation If 33, 38, or 44 (others) please specify _____

Next main work situation If 33, 38, or 44 (others) please specify _____

If you are not working as a midwife in New Zealand please skip to question 14

9. What code from the **Employer Type** table enclosed best specifies your employment setting as a midwife?

Main employment situation If other (21) please specify _____

Next main employment situation If other (21) please specify _____

10. What codes from the **DHB Geographic Codes** table enclosed best describes the main locations

where you work as a midwife? Main 2nd 3rd

11. If you are practising as a case loading midwife – how many women did you provide full LMC care for in the last year? If not applicable indicate and go to the next question. Number of Women

12. How many hours do you work in midwifery in a typical week?

<u>At main work situation</u>	<u>At all other work situations</u>	<u>Total midwifery hours per week</u>
<input type="checkbox"/> 1 - 8	<input type="checkbox"/> 1 - 8	<input type="checkbox"/> 1 - 8
<input type="checkbox"/> 9 - 16	<input type="checkbox"/> 9 - 16	<input type="checkbox"/> 9 - 16
<input type="checkbox"/> 17 - 24	<input type="checkbox"/> 17 - 24	<input type="checkbox"/> 17 - 24
<input type="checkbox"/> 25 - 32	<input type="checkbox"/> 25 - 32	<input type="checkbox"/> 25 - 32
<input type="checkbox"/> 33 - 40	<input type="checkbox"/> 33 - 40	<input type="checkbox"/> 33 - 40
<input type="checkbox"/> 41 - 50	<input type="checkbox"/> 41 - 50	<input type="checkbox"/> 41 - 50
<input type="checkbox"/> 51 - 60	<input type="checkbox"/> 51 - 60	<input type="checkbox"/> 51 - 60
<input type="checkbox"/> 61+	<input type="checkbox"/> 61+	<input type="checkbox"/> 61+

13. If you usually practise part time in midwifery what is the main reason contributing to this (tick the main one only)?

<input type="checkbox"/> Prefer working on a part time or casual basis	<input type="checkbox"/> Student
<input type="checkbox"/> Not enough midwifery work available	<input type="checkbox"/> Building a case load
<input type="checkbox"/> Have reduced hours due to high work load	<input type="checkbox"/> Seeking midwifery work
<input type="checkbox"/> Parental responsibility	<input type="checkbox"/> No access to childcare
<input type="checkbox"/> No access to flexible working hours	
<input type="checkbox"/> Other - please specify _____	

About Your Qualifications

14. What best describes your first midwifery qualification?

Degree in Midwifery – Direct entry New Zealand
 Degree in Midwifery – Post nursing registration New Zealand
 Degree in Midwifery – Overseas
 Hospital based midwifery programme - New Zealand
 Hospital based midwifery programme - Overseas
 Advanced Diploma in Midwifery - New Zealand
 One year Diploma in Midwifery - New Zealand
 Other overseas – Please specify _____

15. Are you currently studying towards a post registration midwifery qualification?

No
 Yes → What is the qualification you expect to gain?
 Bachelor Degree Postgraduate Certificate at Masters level
 Masters Degree Postgraduate Diploma at Masters level
 Doctorate Other. Please specify _____

16. If you completed a qualification in the last year please specify (qualification, major, and institution)

17. Are you on a nursing register or roll?

No
 Yes → Is it
 RN EN RComp
 RGON RON Other Please specify _____

18. If you answered yes to Q17, will you apply to the Nursing Council for a nursing APC this year?

Yes No

ETHNICITY CODES *question 3*

111 NZ European	127 German
211 NZ Maori	129 Other European
311 Samoan	410 South East Asian
321 Cook Island Maori	421 Chinese
371 Other Pacific	431 Indian
128 Australian	444 Other Asian
121 British and Irish	531 African
122 Dutch	611 Other (please specify)

EMPLOYER TYPE *question 9*

- 11 District Health Board (DHB)
- 12 Private maternity service/Community trust
- 13 Midwifery agency
- 14 Self employed – Claiming section 88 fee
- 15 Maori maternity service provider
- 16 Pacific maternity service provider
- 17 Subcontracted to a Lead Maternity Carer
- 18 Educational institution
- 19 Government agency
- 21 Other (Please specify on form)

WORK TYPE *question 8***Midwifery Work**

- 31 Case load – Claiming as LMC under section 88
- 32 Case load – Paid by DHB employer
- 33 Case load – Paid by other (Please specify on form)
- 34 Core facility – Primary
- 35 Core facility – Secondary
- 36 Core facility – Secondary/Tertiary
- 37 Administration, management – Employed by DHB
- 38 Administration, management – Employed by other (please specify on form)
- 39 Midwifery education – DHB
- 40 Midwifery education – Tertiary
- 41 Professional advice, policy development
- 42 Midwife undertaking research
- 43 working overseas
- 44 Other midwifery (please specify on form)

Non-Midwifery

- 51 Nursing
- 52 Other paid employment
- 53 On maternity leave, intending to return to midwifery
- 54 On study leave, intending to return to midwifery
- 55 Retired
- 56 Other not in paid employment

DHB GEOGRAPHIC CODES *question 10***Northland DHB**

- 01 Far North
- 02 Whangarei
- 03 Kaipara

Waitemata DHB

- 04 Rodney
- 05 North Shore
- 06 Waitakere

Auckland DHB

- 07 Auckland

Counties Manukau DHB

- 08 Manukau
- 09 Papakura
- 10 Franklin

Waikato DHB

- 11 Thames-Coromandel
- 12 Hauraki
- 13 Waikato
- 15 Matamata-Piako
- 16 Hamilton
- 17 Waipa
- 18 Otorohanga
- 76 Tamarunui/National Park
- 19 South Waikato
- 20 Waitomo

Bay of Plenty DHB

- 22 Western Bay of Plenty
- 23 Tauranga
- 25 Whakatane
- 26 Kawerau
- 27 Opotiki

Lakes DHB

- 21 Taupo
- 24 Rotorua

Tairāwhiti DHB

- 28 Gisborne

Hawkes Bay DHB

- 29 Wairoa
- 30 Hastings
- 31 Napier
- 32 Central Hawkes Bay
- 67 Chatham Islands

Taranaki DHB

- 33 New Plymouth
- 34 Stratford
- 35 South Taranaki

Whanganui DHB

- 36 Waimarino/Waioru
- 37 Wanganui
- 38 Rangitikei

MidCentral DHB

- 39 Manawatu
- 40 Palmerston North
- 41 Taranua
- 42 Horowhenua
- 43 Kapiti Coast

Capital and Coast DHB

- 44 Porirua
- 47 Wellington

Hutt DHB

- 45 Upper Hutt
- 46 Lower Hutt

Wairarapa DHB

- 48 Masterton
- 49 Carterton
- 50 South Wairarapa

Nelson-Marlborough DHB

- 51 Tasman
- 52 Nelson
- 53 Marlborough

West Coast DHB

- 55 Buller
- 56 Grey
- 57 Westland

Canterbury DHB

- 54 Kaikoura
- 58 Hurunui
- 59 Waimakariri
- 60 Christchurch
- 61 Banks Peninsula
- 62 Selwyn
- 63 Ashburton

South Canterbury DHB

- 64 Timaru
- 65 Mackenzie
- 66 Waimate

Otago DHB

- 68 Waitaki
- 69 Central Otago/Wanaka
- 71 Dunedin
- 72 Clutha

Southland DHB

- 70 Queenstown/Arrowtown
- 73 Southland
- 74 Gore
- 75 Invercargill

Overseas

- 91 Africa & Middle East
- 92 Asia
- 93 Australia
- 94 Central/South America
- 95 Europe (other than UK)
- 96 Pacific
- 97 United Kingdom
- 98 United States of America
- 99 Overseas – Other areas

Appendix 2 – Reasons for Non-Renewal Survey questions

28 April 2010

Dear «FirstName»

Midwifery Council Survey – Reasons for Non-Practice

Our records indicate that you held a midwifery practising certificate at some time for the practising year ending on 31 March 2010 but have not renewed it for the current year. Workforce planning is an important issue for the Midwifery Council and we would like to gain a good understanding of the reasons why midwives enter and exit the profession. We would appreciate it if you could take the time to answer the four questions below. We will not capture any personal information from this survey.

1. What year did you last practise midwifery in New Zealand?

(A position that required you to hold a current practising certificate)

2. Are you currently- a not working b working in a midwifery-related field

(In a position not requiring a NZ practising certificate)

c working as a nurse d working in another field

3. What is/are the main reason(s) that you ceased practising midwifery in New Zealand? If you have more than one main reason please rank them by entering a number in the box starting from 1 for the most important reason.

a Living overseas (practising midwifery)

b Living overseas (not practising midwifery)

c Parental leave (intending to return)

d Other temporary leave (e.g. study leave)

e Unhappy with work hours

f Stress/burnout/don't want the responsibility

g Inadequate remuneration

h Limited career structure

i Other - please specify _____

4. At this time do you think that you might return to midwifery practice in New Zealand at some time in the future? Yes No

Please fold this page along the dotted lines on the back with the Midwifery Council address on the outside, seal with tape, and drop it in a post box. No stamp is required. We would like to thank you for your help with this survey

Appendix 3 – Detailed figures and tables

Reason for Non Renewal survey results

Reason	2005	2006	2007	2008	2009	2010	All years
Stress/burnout/responsibility	56	23	36	47	14	14	190
Unhappy with work hours	42	17	41	26	8	10	144
Parental leave (returning)	24	14	20	22	15	15	110
Retired	29	17	21	22	6	11	106
Various other	48	10	16	8	5	14	101
Practising overseas	21	16	16	10	14	15	92
Cannot meet requirement	22	13	23	22	7	4	91
Gone to nursing	76	7	2	1	1	2	89
Inadequate remuneration	10	5	21	22	8	5	71
Cost of APC	19	26	7	4	4		60
Childcare / family responsibilities	18	7	13	6	7	2	53
Health reasons	15	10	14	6	4	2	51
Overseas - Not practising	18	9	8	7	4	4	50
Limited career structure	14	4	9	12	4	1	44
Career change / better job		12	8	4	2	1	27
Unsupported by DHB		5	6	9	4	1	25
Cannot maintain 2 scopes	7	2	3	4	1	2	19
Could not find midwifery position	13	2		1			16
Other temporary leave	3	2	1	2	2	4	14
Not stated	10				1	1	12
Re-entry too hard	7	1		3			11
Cost of 2 APCS	6	1		2			9
Moved to management	6		1		1		8
Total	464	203	266	240	112	108	1393

Table 16: Reasons for non-renewal of practising certificate – all survey years

DHB area	Self employed LMC	Caseload DHB	Case load other	Core Primary	Core Secondary / Tertiary	Admin DHB	Admin other	Education DHB	Education Tertiary	Advice / policy	Research	Other midwifery	Maternity leave	Nursing	Other	Not stated	Total
Northland	26	11	2	8	20	2	1					1					71
Waitemata	109	29	3	16	103	5	3	3	8	2		2			1	1	285
Auckland	56	42	9	38	126	4	1	3	3	2	1	12	1	3	3	1	305
Counties Manukau	59	12	5	51	74	5	1	4	2	1	1	5			1	2	223
Waikato	94	15	4	31	78	4	3	3	7	1		1		1			242
Bay of Plenty	61	1	2		44	2		2	1	1		3				1	118
Lakes	21	2	1	8	23			1		1		1			1	2	61
Tairāwhiti	8		3		11	1		1							1		25
Hawkes Bay	32	5	1	3	37	2										1	81
Taranaki	18	2	4	4	23	1		1				1				1	55
Wanganui	7	3	2	7	22			1	2								44
MidCentral	41			19	38	4		1	2			3		1		2	111
Wairarapa	4			1	14	1						1					21
Hutt	31	2		4	32	4	1	1	1		1	1				2	80
Capital and Coast	43	5	10	16	85	4		2	5	3		5	1	1	2	2	184
Nelson-Marlborough	23	12	1	7	35	1		2		1		2		1			85
West Coast	2	7		5	6	1											21
Canterbury	133	5	9	48	100	7	3	3	5	6	1	2		2	1	3	328
South Canterbury	4	8		1	16							1		1		1	32
Southern	62	7	7	6	58		1		6	1	1	2	1		1	6	159
Overseas	1						1								2		4
Not stated	30	7	4	6	31				8	1		2	3	1	8	48	149
Total	865	175	67	279	976	48	15	28	50	20	5	45	6	11	21	73	2,684

Table 17: Work type by DHB area – First work type

DHB area	NZ European	NZ Māori	Cook Island Māori	Australian	British and Irish	German	Dutch	Other European	Samoan	Other Pacific	Chinese	Indian	South East Asian	Other Asian	Latin American Hispanic	African	Other	Not stated	Total
Northland	45	9			14		2			1									71
Waitemata	174	9	1	5	54	4	2	16	2		7	3	1	1	3	2	1		285
Auckland	194	6		6	48	3	1	14	2		13	6		6	2	4			305
Counties Manukau	122	11		5	49	2	2	7	2	4	3	8	2	1	1	3		1	223
Waikato	165	19	2	1	29	5	4	4		1	5		3	2	1		1		242
Bay of Plenty	76	8		1	22	1	3	2	1	1			1	1		1			118
Lakes	33	7		1	13		1	2		1		1			1	1			61
Tairāwhiti	11	6			5			3											25
Hawkes Bay	50	6		2	12	1	2	3			2					2	1		81
Taranaki	38	2		3	11			1											55
Wanganui	28	4			10	1													43
MidCentral	88	8	1	1	9	1		1			1					1			111
Wairarapa	13				8														21
Hutt	55	2		3	10	1		2			2	1		1		3			80
Capital and Coast	115	8		4	27	2		13	6	2	3		1			1	2		184
Nelson-Marlborough	57	1		2	20	1		3			1								85
West Coast	19	1		1															21
Canterbury	230	10		9	54	3	1	13			5					2	1		328
South Canterbury	19				9		1			1	1					1			32
Southern	119	5		9	18			5			2						1		159
Overseas	4																		4
Not stated	90	12	1	5	24	2	2	7			1	1		2		1		1	149
Total	1,745	134	5	58	446	27	21	96	13	11	46	20	8	14	8	22	7	2	2,683

Table 18: Ethnicity by DHB area - First ethnicity

Ethnicity	Self employed LMC	Caseload DHB	Caseload other	Core primary	Core secondary tertiary	Admin DHB	Admin other	Education DHB	Education tertiary	Advice / policy	Research	Other midwifery	Maternity leave	Nursing	Other	Not stated	Total
NZ European	573	103	42	188	625	36	10	17	30	11	2	28	6	10	15	49	1,745
NZ Maori	51	15	10	9	39		2	1	1		1	2				3	134
Cook Island Maori	1	3			1												5
Australian	15	3	3	5	23	1			1	1		2				4	58
British and Irish	117	34	7	50	176	10	1	7	10	5	2	11		1	6	9	446
German	7	1		4	10		1	1	2			1					27
Dutch	11				8				1							1	21
Other European	39	5	4	4	32	1	1	1	3	2		1				3	96
Samoa	3	3		1	6												13
Other Pacific	3		1	3	3											1	11
Chinese	19	1		4	21												45
Indian	9	2		3	5				1								20
South East Asian	1			2	5												8
Other Asian	4	1		1	7				1							1	15
Latin American / Hispanic		2			6												8
African	8	2		4	7			1									22
Other	4				1					1						1	7
Not stated				1	1											1	3
Total	865	175	67	279	976	48	15	28	50	20	5	45	6	11	21	73	2,684

Table 19: Work type by Ethnicity

DHB region	Māori	Pacific peoples	Asian	European	Other	Not stated	Total births	%	Crude birth rate*
Northland	855	32	24	893	15	44	1,863	3.4	68.6
Waitemata	815	769	1,032	3,916	221	39	6,792	12.4	69.3
Auckland	511	1,140	1,343	2,640	372	82	6,088	11.1	64.5
Counties Manukau	1,622	2,289	990	2,247	258	69	7,475	13.6	87.1
Waikato	1,389	128	201	2,649	60	37	4,464	8.1	65.4
Bay of Plenty	870	48	89	1,294	191	82	2,574	4.7	73.0
Lakes	723	39	29	714	26	6	1,537	2.8	73.8
Tairāwhiti	404	17	16	240	13	2	692	1.3	75.6
Hawke's Bay	810	127	51	1,123	21	6	2,138	3.9	73.6
Taranaki	257	13	26	853	127	33	1,309	2.4	63.0
Whanganui	278	14	15	426	7	6	746	1.4	59.3
MidCentral	349	49	61	1,291	91	87	1,928	3.5	57.4
Wairarapa	106	9	10	373	2	2	502	0.9	70.0
Hutt	414	221	147	1,054	18	0	1,854	3.4	63.0
Capital & Coast	478	356	342	2,276	74	28	3,554	6.5	57.7
Nelson Marlborough	161	26	26	1,233	9	8	1,463	2.7	59.5
West Coast	34	1	5	303	5	4	352	0.6	59.8
Canterbury	486	168	347	4,627	94	38	5,760	10.5	60.6
South Canterbury	33	6	17	485	4	2	547	1.0	55.7
Southern	299	61	68	2,662	93	36	3,219	5.9	...
Not stated	0	4	4	9	1	0	18	0.0	...
Total	10,894	5,517	4,843	31,308	1,702	611	54,875	100.	66.2

Table 20: Births by DHB area and ethnicity - Report on Maternity: Maternal and Newborn Information 2004 –Ministry of Health

* Crude birth rate per 1000 women of reproductive age.

Territorial Local Authority Area	First TLA	Second TLA	Third TLA	Territorial Local Authority Area	First TLA	Second TLA	Third TLA	Territorial Local Authority Area	First TLA	Second TLA	Third TLA
Far North	27	2	1	Gisborne	25	2	2	Buller	4		1
Whangarei	40	8		Wairoa	4	1		Grey	17	2	1
Kaipara	4	8	1	Hastings	59	16	1	Westland		3	1
Rodney	26	27	4	Napier	15	33	2	Kaikoura	3		
North Shore	136	36	8	Central Hawkes Bay	2	4	17	Hurunui	3	6	2
Waitakere	123	20	13	Chatham Islands	1			Waimakariri	19	24	4
Auckland	305	44	8	New Plymouth	43	3	2	Christchurch	278	22	10
Manukau	177	15	7	Stratford	4	4	1	Banks Peninsula	1	7	7
Papakura	20	42	1	South Taranaki	8	5	1	Selwyn	14	17	11
Franklin	26	5	16	Waimarino/Waioru	7			Ashburton	10	1	4
Thames-Coromandel	14	4	2	Wanganui	35	2		Timaru	30	2	
Hauraki	2	12		Rangitikei	2	3	3	Mackenzie	1	3	1
Waikato	48	25	4	Manawatu	14	20	3	Waimate	1	2	3
Matamata-Piako	14	5	1	Palmerston North	62	6	1	Waitaki	5		
Hamilton	141	16	4	Tararua	6	1	7	Central Otago/Wanaka	14	1	
Waipa	16	6	4	Horowhenua	14	6	2	Dunedin	77	8	
Otorohanga	1	4	1	Kapiti Coast	15	5		Clutha	6	4	1
Tamarunui/National Park				Porirua	23	21	3	Queenstown/Arrowtown	8	3	1
South Waikato	4	3	6	Wellington	161	22	5	Southland	18	5	
Waitomo	2	1		Upper Hutt	12	19	1	Gore	5		
Western Bay of Plenty	12	18		Lower Hutt	68	11	3	Invercargill	26	11	1
Tauranga	78	8	1	Masterton	20	1	1	Australia	2	1	1
Whakatane	23	11	1	Carterton		7		Africa & Middle East	1		
Kawerau	2	3	2	South Wairarapa	1	2	5	Overseas - Other areas	1		
Opotiki	3	1	1	Tasman	13	12		Not stated	149		
Taupo	17	6		Nelson	49	5		Total	2,685	670	197
Rotorua	44	4		Marlborough	23	3	2				

Table 21: Number of midwives reporting working in each territorial local authority (TLA) area

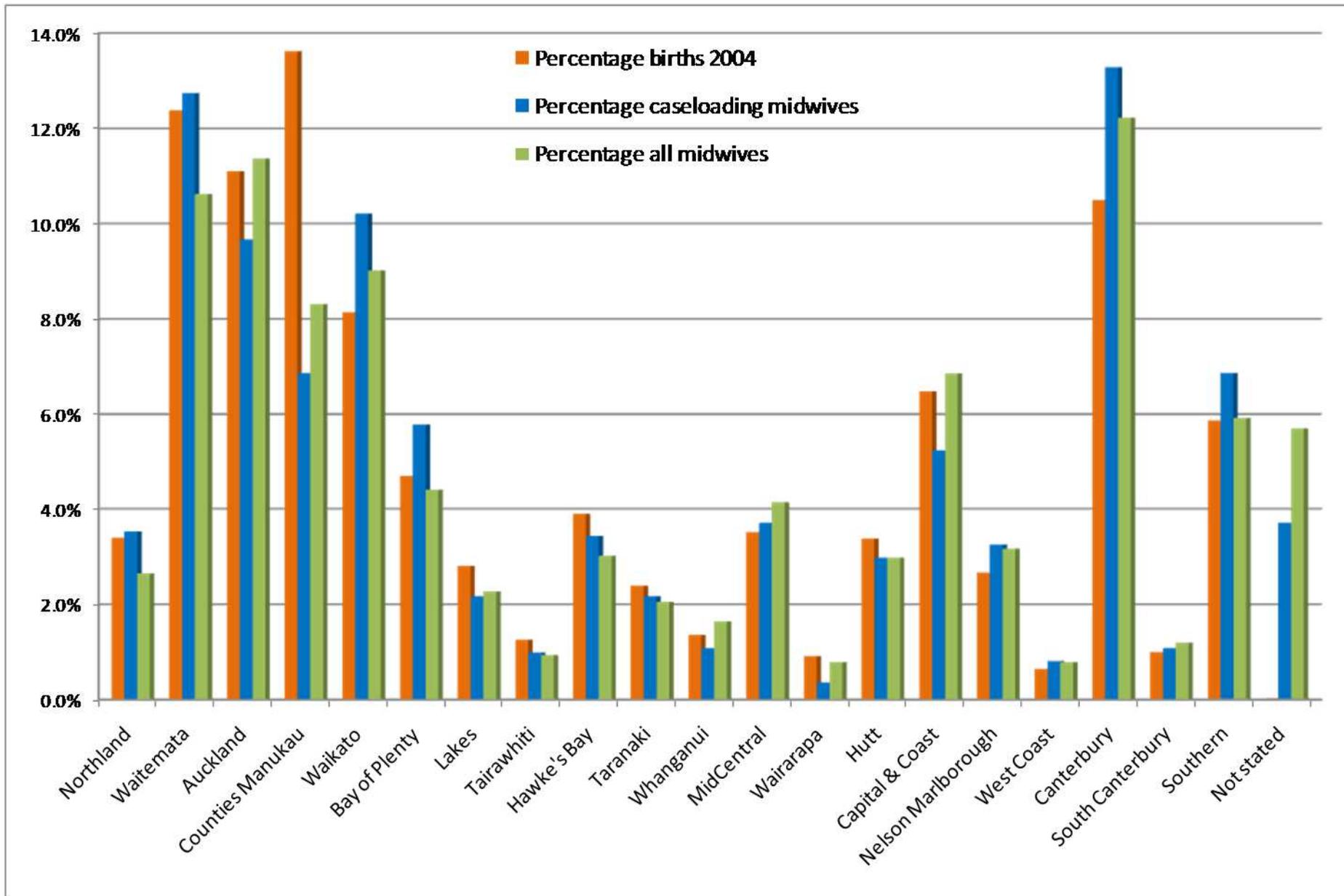


Figure 35: The percentage of total births by DHB area (2004) and the percentage of the midwifery workforce (2010)

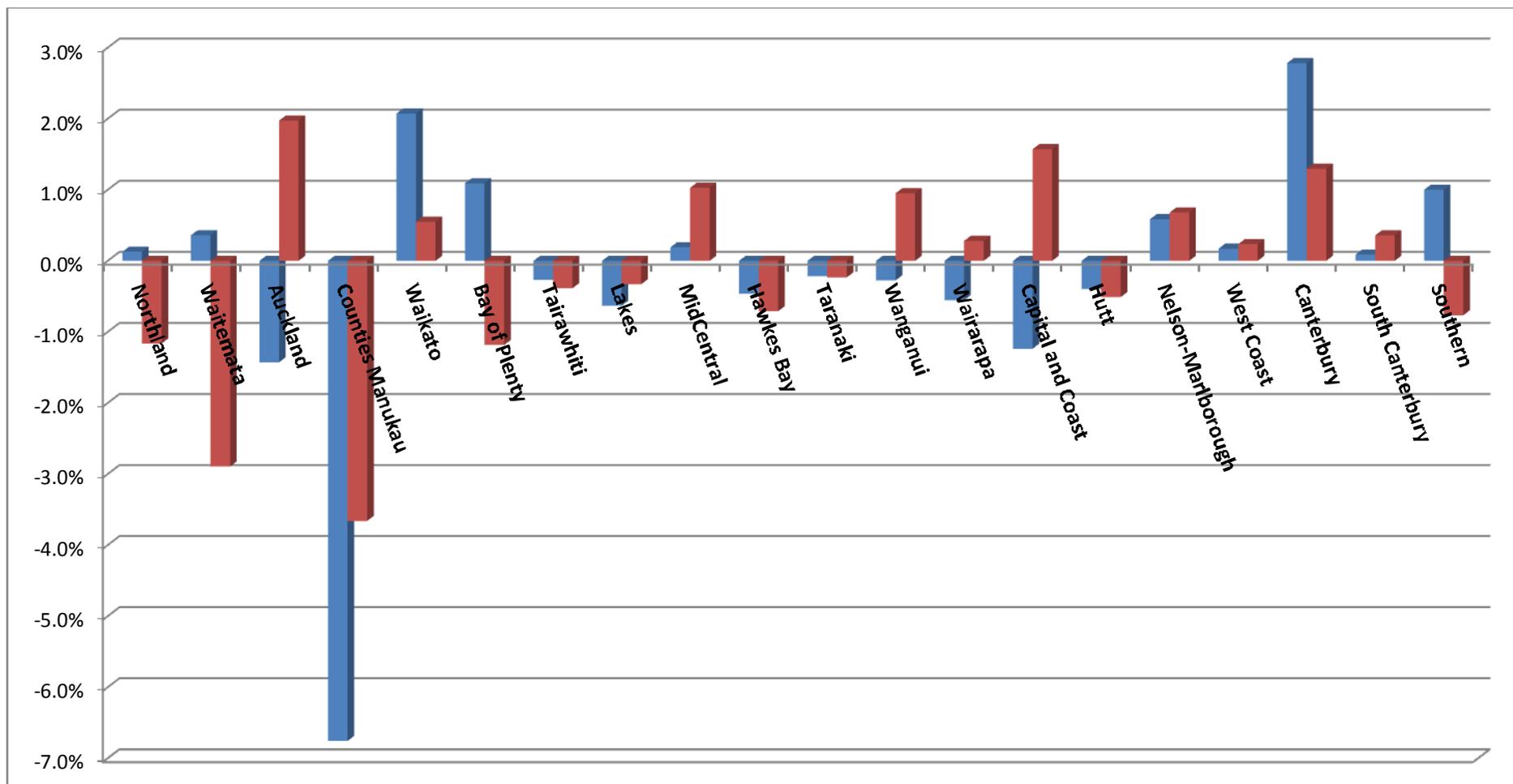


Figure 36: Extent to which the share of the midwifery workforce exceeds or falls below the share of births in each DHB area - percentage points difference

Figure 31 above takes the percentage share of the midwifery workforce that works in each DHB area and subtracts the percentage share of births (2007 figure) that occurred in the DHB area. Where the share of births in an area is greater than the share of midwives in that area, the result is negative (below the line). Where the share of births is less than the share of midwives, the result is positive (above the line). The length of the line indicates the size of the gap between the share of births and the share of midwives.

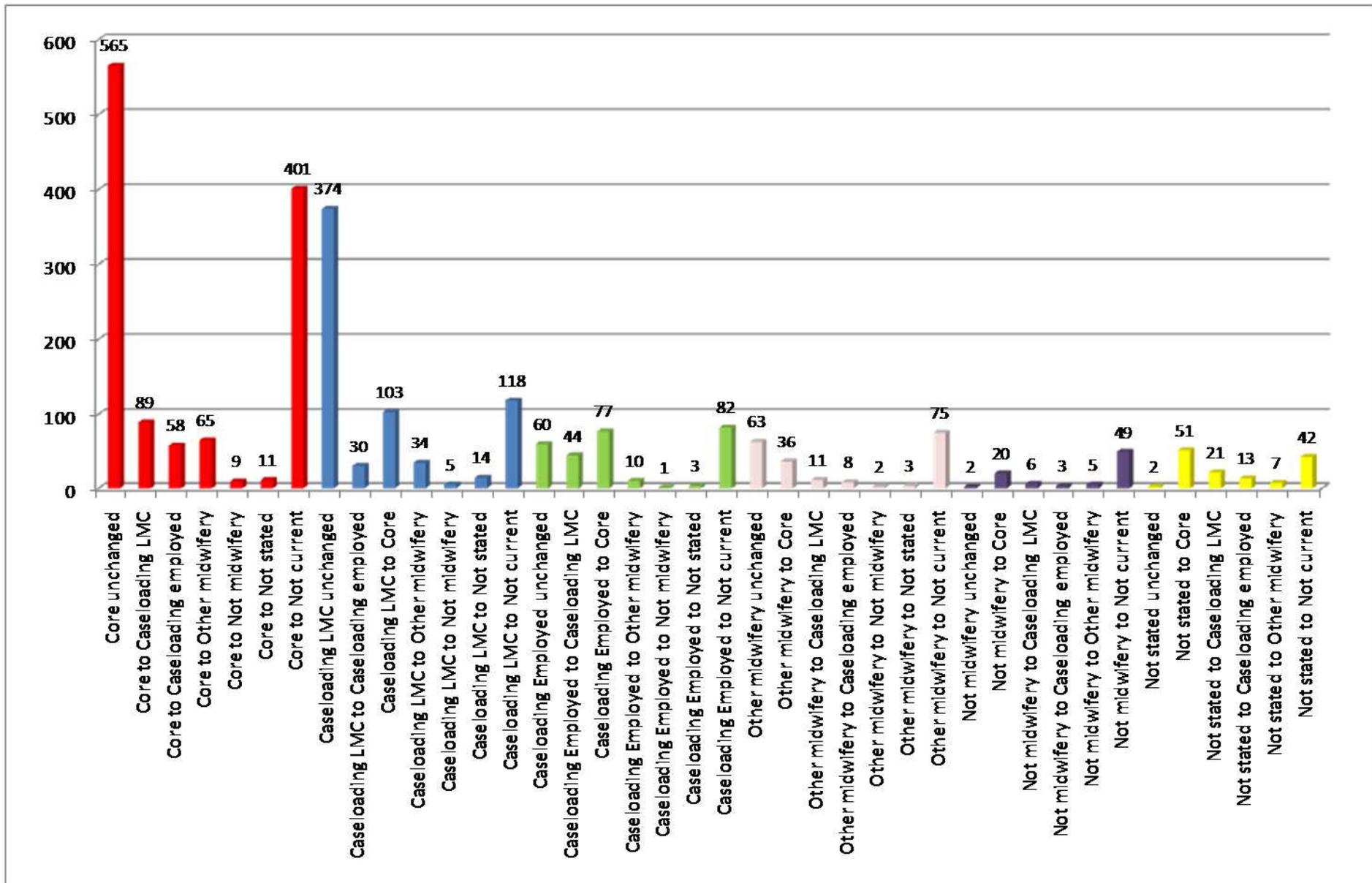


Figure 37: The movement of midwives between work types between 2005 and 2010