

Responsible Authority Core Performance Standards Review Report

Authority Name	Midwifery Council - Te Tatau o te Whare Kahu
Date of Review Report	2 February 2022
Name of reviewing Designated Auditing Agency	BSI Group New Zealand Limited

Executive Summary

The Midwifery Council is the responsible authority under the Health Practitioners Competence Assurance Act (the HPCA Act), for the regulation of the midwifery profession.

There are currently approximately 3350 midwives who hold practising certificates out of 4083 active midwives.

In Aotearoa New Zealand midwives work in a variety of settings and in a number of roles. The majority of midwives are currently working in employed positions and are known as Core Midwives. In these roles they work with women who are attending hospitals or primary birthing centres for their pregnancy, labour birth and postnatal care. Midwives also work in the community as Lead Maternity Carers providing continuity of care to women throughout their pregnancy.

The secretariat consists of 12 staff led by the CEO / Registrar who is supported by the Deputy Registrar, Senior Advisors, and an Operations Manager.

The Council governance is made up of eight members: six midwives and two lay members. There is a current vacancy for one lay member. There is a Finance, Audit & Risk Management Committee.

There is one scope of practice that is for Midwife with two approved pathways for registration.

There is a public website that contains key information for the public and midwives on its role, functions, and core regulatory processes. This includes annual reports, workforce surveys, consultation, and news / updates policies, and provides of an overview of the work midwives do in a variety of community settings.

The Council demonstrates principles of right-touch regulation through its policies, processes, systems, consultations, governance, commitment to Māori with its Aotearoa Midwifery Project and how it works with midwives and stakeholders.

The Council's Strategic Plan 2018 to 2021 has been implemented. It has reached its end date and the Board is preparing its next strategic plan.

Key initiatives that are underway include:

- the Aotearoa Midwifery Project is a 50/50 membership model to ensure Māori are fully involved and the Council has taken a considered approach in the learning and development of this project to better apply a “two world views” approach,
- presentation of an updated draft scope of practice in both English and Te Reo Māori,
- the development and use of a Te Tiriti framework,

- a major review of the Scope of practice, competencies for entry to the register and standards for programmes of education, and
- the ongoing development of the staff and enhanced capacity and capability within the Council secretariat.

The recommendations for improvement identified from this performance review include building on the current initiatives. These are:

- continuing to tidy-up the register of old entries in a timely manner as per Section 144 of the Act, and
- the 50/50 membership model Aotearoa Midwifery Project is acknowledged in continuing this important journey for the review and development of a series of evidence-based standards.

This performance review also identified the following:

- that the educational institutes selection (drop down list) may be able to be culled for New Zealand graduates,
- for recertification / CPD audit the system could flag if the emergency skills course has not been completed, and
- the Council could also consider establishing an overarching governance policy and publishing the strategic plan on its website.

Recommendations

The below table summarises the areas for improvement identified from this review with associated timeframes. Refer to the next section of the report for the full reviewer's comments associated with the recommendation.

Ref #	Related core performance standards	Rating	Risk Level	Recommendation	Timeframe (months / date)
2.1	The RA maintains and publishes an accessible, accurate register of registrants (including, where permitted, any conditions on their practice)	PA	L	Continue to tidy-up the register of old entries in a timely manner as per Section 144 of the Act.	6 – 12 months (up to 31 December 2022)
6.1	The RA sets standards of clinical and cultural competence and ethical conduct that are: <ul style="list-style-type: none"> • Informed by relevant evidence • Clearly articulated and accessible 	PA	L	The 50/50 membership model Aotearoa Midwifery Project is acknowledged in continuing this important journey for the review and development of a series of evidence-based standards.	6 – 12 months (up to 31 December 2022) and ongoing.

Functions under section 118 HPCA Act 2003 and their related core performance standards

Purpose and requirements

Responsible Authorities are designated under the Health Practitioners Competence Assurance Act 2003 (the Act) to fulfil certain functions. An amendment in 2019 to the Act adding section 122A, required a performance review of all Responsible Authorities be conducted within three years of enactment. The Ministry of Health (the Ministry) is responsible for the facilitation of these reviews.

Performance reviews provide assurance to the Crown and the public that responsible authorities are performing their functions efficiently and effectively. This includes the assurance that: the responsible authorities are carrying out their required functions in the interests of public safety, their activities focus on protecting the public without being compromised by professional self-interest, and their overall performance supports high public confidence in the regulatory system.

This initial performance reviews will assess a responsible authority's performance against the full set of Core Performance Standards. These standards are aligned with the functions under section 118 of the HCPA Act.

Risk management

Identify the degree of risk to patient safety and/or public confidence that is associated with the level of attainment the responsible authority achieves for each criterion. Review the 'risk' in relation to its possible impact based on the consequence and likelihood of harm occurring if the responsible authority does not fully attain the criterion. Use the risk management matrix when the audit result for any criterion is partially attained or unattained.

To use the risk management matrix, you need to:

1. consider what consequences for consumer safety might follow from the responsible authority achieving partially attained or unattained for a criterion, within a range from extreme/actual harm to negligible risk of harm occurring
2. consider how likely it is that this adverse event will occur due to the provider achieving partially attained or unattained for a criterion, within a range from being almost certain to occur to rare
3. plot the findings on the risk assessment matrix to identify the level of risk, and prioritise risks in relation to severity
4. approve the appropriate action the provider must take to eliminate or minimise risk within the timeframe. Note that timeframes are set based on full resolution of the requirement, which may include a systems change or staff training programme. Anything requiring urgent attention is identified in the report, along with any longer timeframe needed to make sustainable change.

The Risk management matrix uses a probability versus impact quadrant with the following risk categories: low, low-med, medium and high.

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
1.1	the RA has defined clear and coherent competencies for each scope of practice	<p>The Midwifery Council (the Council) has one scope of practice as per the Gazette notice 17 May 2010.</p> <ul style="list-style-type: none"> Midwife <p>This scope is currently in the process of being reviewed and is expected to be completed and distributed for consultation by December 2021.</p> <p>The Competencies for entry to the Register of midwives outline the knowledge and skills required of a midwife in Aotearoa New Zealand. They are also in the process of being reviewed and completion is expected early 2022.</p>	FA			
1.2	the RA has prescribed qualifications aligned to those competencies for each scope of practice	<p>The Board has two approved pathways for registration as a midwife in Aotearoa New Zealand. These are described in the Gazette notice Midwifery (Scope of Practice and Qualifications) Notice 2010.</p> <p>The qualifications are:</p> <ul style="list-style-type: none"> For New Zealand midwifery graduates, <ul style="list-style-type: none"> a) Completion of an approved bachelor's degree in Midwifery (minimum of three years duration) provided by an accredited educational provider in New Zealand; and b) . 	FA			

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		<p>Demonstration of the Competencies for entry to the Register of Midwives; and c) A pass in the National Midwifery Examination set by the Midwifery Council.</p> <ul style="list-style-type: none"> For registered midwives applying from all other countries, a) A midwifery qualification, post-registration practise in midwifery, post-registration midwifery education and midwifery competence portfolio, which, considered as a whole, are deemed by the Midwifery Council as equivalent in content and competencies to the current New Zealand qualifications for registration; and b) Current or past registration as a midwife with a midwifery registration authority in the same country of registration where that Midwife's initial qualification was completed. 				
1.3	the RA has timely, proportionate, and transparent accreditation and monitoring mechanisms to assure itself that the education providers and programmes it accredits deliver graduates who are competent to practise the relevant profession	The Councils "Standards for approval of pre-registration programmes of midwifery education programmes and accreditation of tertiary education organisations (3rd edition 2019)" outline the requirements for approval and accreditation. They also describe processes required.	FA			

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		<p>There are five accredited pre-registration midwifery programmes currently available in New Zealand, provided by:</p> <ul style="list-style-type: none"> • Auckland University of Technology (AUT) • Waikato Institute of Technology (Wintec) • Ara Institute of Canterbury (Ara) • Otago Polytechnic • Victoria University of Wellington <p>Where possible, accreditation and approval visits and processes occur concurrently with other quality assurance agencies e.g., NZQA, or for universities there is a requirement that regulatory accreditation be sought, and that academic approval is also dependent on approval from the responsible authority.</p> <p>The pre-registration standards are also in the process of being reviewed and are due for completion in early 2022. This will be the fourth review since 2004.</p> <p>The Council is currently developing a transition policy in order to manage change and accreditation processes to transition from one set of standards to another.</p>				

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		<p>Programme reports are received from each school of midwifery on an annual basis. This is reviewed by a Midwifery Advisor or tabled with the Council for its consideration.</p> <ul style="list-style-type: none"> The Council advised it is developing a standard template for annual reporting to be able to include specific reporting for that year. <p>Monitoring guidance has been developed, especially to support new schools. Monitors are in place for all new programmes of education and are appointed by the Council or jointly with NZQA. NZQA has processes for self-monitoring for established schools and all of the schools accredited with both the Council and NZQA have this status.</p> <p>When required, Council appointed monitors are appointed for university monitoring.</p> <p>One school of midwifery, Victoria University of Wellington, is in its second year of delivery. The Council has appointed a monitor to review the programme and to provide reports in order to address issues that arise. Reports and action plans have been received and updates are requested.</p> <p>The development of a new role within the secretariat – Senior Advisor Midwifery Education will support the work of the</p>				

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		Council in the area of education and specifically midwifery pre-registration education. One of the key tasks for this advisor is to review and monitor the programmes, identify issues at a regulatory level and to advise the Council.				
1.4	the RA takes appropriate actions where concerns are identified	The Council meets regularly with the Quality Assurance Team at NZQA and is able to action and escalate matters of concern regarding midwifery programmes in a timely manner.	FA			

**Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers
Section 118c) To consider applications for annual practicing certificates**

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2.1	The RA maintains and publishes an accessible, accurate register of registrants (including, where permitted, any conditions on their practice)	<p>The Council has an online register that shows all midwives who have a current practising certificate and a subset of those who are inactive.</p> <p>The public can search for a midwife by name or city. All names appear on the website, so people can search under current and past names.</p> <p>Conditions when present are visible on the Register.</p> <p>To ensure accuracy of records all midwives are asked to update their demographic information at the time of annual practising certificate application.</p> <p>There are currently approximately 3350 midwives who hold practising certificates out of 4083 active midwives. The number of midwives with APC is updated immediately on the granting or removal of an APC.</p> <p>All midwives who have ever been registered have records on the register, it is just the practising and record status that varies. The total number of midwife records on the database is 16640.</p>	PA	L	Continue to tidy-up the register of old entries in a timely manner as per Section 144 of the Act.	6 – 12 months (up to 31 December 2022)

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2.2	<p>The RA has clear, transparent, and timely mechanisms to consider applications and to:</p> <ul style="list-style-type: none"> • Register applicants who meet all statutory requirements for registration • Issue practicing certificates to applicants in a timely manner • Manage any requests for reviews of decisions made under delegation 	<p><u>Registration</u></p> <p>All applicants are classified according to their pathway to registration. They are therefore divided into Aotearoa New Zealand graduates, Internationally qualified graduates and those seeking registration under the Trans-Tasman Mutual recognition Act.</p> <p>The timeframes around registration are: six weeks following arrival of all documentation for Internationally qualified midwives, four weeks from time of application for midwives registering under TTMRA, and ten days following completion of requirements for New Zealand graduates.</p> <p>Numbers fluctuate but there are approximately 150 New Zealand graduates each year, 20 internationally qualified and 20 applicants applying under TTMRA.</p> <p>In the year to 31 October 2021 there has been a change in the makeup of registrations. 124 New Zealand graduates, 41 Internationally qualified applicants, and 19 registrants applying under TTMRA.</p> <p>Policies are in place for the registration processes, including the National Midwifery Examination (a requirement for all Aotearoa New Zealand graduates), a</p>	FA			

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		<p>Criminal conviction policy, and a Health Policy.</p> <p>All applications for registration are managed electronically, however there are requirements for documentation to support applications to be sent hard copy. To support applicants' information sheets have been developed that state what information is required and its source. Where applicants, referees or reports highlight an issue that needs to be addressed then additional information is sought prior to registration. The key point of contact for each applicant is a registration advisor.</p> <p>Each Internationally qualified midwife (IQM) application is assessed by at least one midwifery advisor who reviews the education qualification including content both theoretical and clinical and post-registration experience.</p> <p>Most international applications for registration come from the UK or Ireland. While programmes of education vary, all are accredited by the responsible authority and all align with the European Standards, which mostly aligns with that required in Aotearoa.</p> <p>What is acknowledged is that midwives who have completed these programmes will have no knowledge of the realities of</p>				

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		<p>practice in Aotearoa and there are some skills that are required here that are not covered in international content. To address this all internationally qualified midwives are required to complete a competence programme as part of their orientation to Aotearoa New Zealand. The Council has made two parts of this mandatory before the issuing of the first APC with the rest being completed in the midwife's first two years of practice in Aotearoa.</p> <p>The mandatory pre APC modules are completion of the Midwifery Cultural Competence online programme, and enrolment in the Maternity Systems paper.</p> <p>Completed applications are approved by the registrar. Process notes are provided.</p> <p><u>Annual Practising Certificates</u></p> <p>Once registered, the ability to apply for a practising certificate is disabled for applicants who need to meet additional criteria. For example, New Zealand and TTMRA new graduates must be enrolled in the Midwifery First Year of Practice programme. IQMs and midwives registered under TTMRA must return documents to the Council confirming that they understand the requirements of the overseas competence programme and</p>				

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		<p>have completed the cultural competence course.</p> <p>During the annual APC round staff have the ability to disable the ability for applicants to apply for practising certificates for certain individuals. If this is not disabled, then on completion of the application and payment APCs are granted. In cases where declarations are made that require review, practising certificates are issued under section 30. They are reviewed daily during the APC round and decisions made regarding status. The APC can be approved, or further information sought before a decision is made. The turnaround time for these applications aims to be three days.</p> <p>Applications are reviewed by the Programmes Advisor, a Midwifery Advisor, or the Deputy Registrar or Registrar.</p> <p>Applications received during the year outside of APC round are reviewed on receipt.</p> <p>When an APC is granted, the midwife receives an automated email advising of the application status.</p> <p><u>Reviewing Decisions Made Under Delegation</u></p>				

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		<p>Any applicant can request to have a decision reviewed by the Council.</p> <p>Opportunity for Improvement</p> <p>This performance review identified that the educational institutes selection (drop down list) may be able to be culled for New Zealand graduates.</p>				

Function 3: Section 118d) To review and promote the competence of health practitioners
Section 118e) To recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners
Section 118k) To promote education and training in the profession

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3.1	<p>The RA has proportionate, appropriate, transparent and standards-based mechanisms to:</p> <ul style="list-style-type: none"> Assure itself that applicants seeking registration or the issuing of a practicing certificate meet, and are actively maintaining, the required standard Review a health practitioner's competence and practice against the required standard of competence Improve and remediate the competence of practitioners found to be below the required standard Promote the competence of health practitioners 	<p>The Council has a recertification programme that all midwives are required to engage in and complete.</p> <p>The programme consists of a number of education requirements as well as engagement in a Midwifery Standards Review (currently run and managed by the New Zealand College of Midwives). This is a practice focussed assessment which includes review of statistics feedback, and the outcome is a professional development plan. The review is undertaken by a midwife and a consumer of maternity services.</p> <p>The recertification programme has been in its current form for a number of years and will overgo a review once the Aotearoa Midwifery project is completed.</p> <p>It is the Council's expectation that any development of the recertification programme will require reflection and demonstration of competence that aligns with the standards of competence that are gazetted by the Council. There is a real opportunity for the Council to change the content of the programme informed by trends from complaints and practice issues.</p>	FA			

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		<p>The Council is currently undertaking a consultation as it wishes to mandate some content of the current programme. This has arisen out of changes to the Abortion Act 2020. The Council has determined that all midwives need to know and understand the consequences of this law change and therefore has proposed mandating education around this. This will give all practising midwives the same baseline knowledge and skills.</p> <p>All midwives make a statutory declaration at the time of APC application which requires them to state that they have maintained the standard of competence. The Council database has the ability for midwives to enter information regarding their engagement in the recertification programme. The Council has historically entered information about completion of activities but with the move to the new database a decision was made to require midwives to upload their own information. The reasons for this change included enabling practitioners to take responsibility for their own records, managing information and our records management processes.</p> <p>The database shows if midwives have completed requirements and due dates.</p>				

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		<p>With 3500 midwives and the need for 4 fields to be completed data management is difficult and the Council is now exploring new ways to manage this.</p> <p>A check of data highlighted that approximately 25% of midwives had entered some information into their record. The Council is planning a strategy to manage this before the APC round commences.</p> <p>With the COVID-19 pandemic, the Council placed all CPD requirements on hold during 2020-2021, meaning that midwives had an automatic extension of 12 months to complete requirements.</p> <p>The Council has set the programme of recertification and has then accredited providers to provide education. There are two types of accreditation for ongoing education. Accredited providers may provide a series of education courses that are focussed on midwifery practice. This includes emergency skills and continuing education topics that relate to midwifery practice. This education is midwifery led and midwifery focussed. Providers present a report to the Council each year.</p> <p>Other single events can be accredited as continuing education events. These may</p>				

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		<p>be interprofessional or single events provided by one organisation.</p> <p>Most midwives who have a complaint or notification made to the Council will have their recertification portfolio audited. This equates to about 2% of practitioners.</p> <p>At this time, the audit process remains simplistic. A change process will occur during 2022 which will consider a more sophisticated process for practitioners to demonstrate their ongoing competence as well as their compliance with requirements.</p> <p>Competence review processes occur when there are questions around a practitioners practice. This can be as a result of a complaint or notification or when there is concern due to lack of engagement in recertification. All midwives who are reviewed are assessed against the competencies. Reviews are divided into stages one and two. Stage one which focusses on decision making and systems and processes around a case. A stage two review focusses on competence in general. Terms of reference identify areas that the review should focus on.</p> <p>When there are significant concerns about a practitioner the terms of reference may refer to practice across the scope. In this</p>				

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		<p>situation reviews can take the form of examination and OSCE.</p> <p>Review panels usually include a midwife with an education background and a midwife from the same practice context as the midwife under review. Cultural considerations are taken into account and the Council has endeavoured to ensure Māori reviewers are available and participate in review of Māori midwives.</p> <p>The Council has systems and processes in place to assess applicants who wish to return to practice and also those who are returning to New Zealand to practise (i.e., they have worked overseas as midwives).</p> <p>The government recently announced funding to support midwives wishing to return to practice after a break of five years. This funding included the development of a role called Midwife Clinical Coach. In order to facilitate the Coach being the supervisor of midwives returning to practise the Council has developed a MOU with each DHB. The role supports both returners to practice, and IQMs who are participating in the overseas competence programme. "The purpose of this Memorandum of Understanding is to set out the basis on which the role of</p>				

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		<p>"Midwife Clinical Coach" will undertake to be the Council's supervisor for midwives, employed by the DHB, who have obtained registration based on overseas qualifications, in accordance with the Council's Registration Policy for Internationally Qualified Midwives and Registration Policy for Applicants currently registered in Australia applying under the Trans-Tasman Mutual Recognition Act 1997 (collectively referred to in this MOU as "IQ Midwives")."</p> <p>Numbers of midwives who return to practice are low. Midwives returning to practice, newly registered from overseas and those under TTMRA must practice under supervision for at least a minimum period of 12 months. Supervisors are appointed by the Council and historically have been from outside the midwife's workplace. Recent changes have enabled supervisors to be appointed from within the workplace. This will be monitored for effectiveness.</p> <p>All reports are reviewed by a midwifery advisor. It is Council's intention to review this process during 2022 to ensure it is fit for purpose.</p>				

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		Opportunity for Improvement This performance review identified that for recertification / CPD audit the system could flag if the emergency skills course has not been completed.				

Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information

Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public

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4.1	<p>The RA has appropriate, timely, transparent, fair, and proportionate mechanisms for:</p> <ul style="list-style-type: none"> Providing clear, easily accessible public information about how to raise concerns or make a notification about a health practitioner 	<p>The Council website has a section for concerns about a midwife that includes competence, health or conduct. Conduct includes that the complainant may prefer to contact the Health and Disability Commissioner.</p> <p>The website provides an information sheet with a tool / form for people to make complaints or raise concerns about practitioners. There is a dedicated email address for notifications on the contact page.</p>	FA			
4.2	<ul style="list-style-type: none"> Identifying and responding in a timely way to any complaint or notification about a health practitioner Considering information related to a health practitioner's conduct or the safety of the practitioner's practice Ensuring all parties to a complaint are supported to fully inform the authority's consideration process 	<p>All notifications are triaged in the first instance by the midwifery advisor who brings the matter to the Deputy Registrar or Registrar's attention. A joint meeting is held to decide on best and appropriate action to consider timeframes and to determine if the risk is so high that the Council needs to be advised immediately.</p> <p>There are established policies for complaints and notifications and competence.</p> <p>Complaints and notifications are triaged and actioned as close as possible to arrival. Initial risk assessment occurs at two</p>	FA			

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		<p>stages during initial triage and also when review is undertaken by the external reviewer. Once the initial review is undertaken then a summary decision sheet is developed for the Council. This summary is completed by a Midwifery Advisor who has access to the full midwifery history including former complaints and actions taken.</p> <p>This decision sheet is designed to provide the Council with summary information and guidance to inform decisions.</p> <p>Traditionally the Council considered fitness to practice matters at its regular meetings. During 2020 – 2021, they have moved to separate fitness to practice meetings and there is no separate committee. Members include the Council, Registrar, Deputy Registrar and the Midwifery Advisor. The Council may review this and formulate a specific committee with its own terms of reference. The need for this separate committee has arisen out of an increased number of complaints and notifications.</p> <p>In managing complaints and notifications, the Council looks to see what the risk of harm is and what is an appropriate way to manage issues. For example, recently</p>				

Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information

Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public

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		<p>there have been a number of complaints regarding midwives providing anti-vaccination information and advice. The way these have been dealt with has varied and has included taking an educative approach, referral for competence review and also referral to Professional Conduct Committee (PCC).</p> <p>Assessment of risk of harm is continuous and does not occur in isolation. Any factor or outcome, for example, competence review reports leads to revised assessment and reconsideration.</p> <p>All relevant parties are kept up to date with the progress of their complaint / case.</p> <p>A strategic project for 2022-2023 is a review and analysis of complaints and notifications. The Council has a MOU with the Nursing Council that supports sharing of information between the two Councils for people with dual registration and practising certificates who are under a health, competence of conduct process.</p> <p>The Council has a notification / complaints database from 2018 and a full history prior to that.</p>				

Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information

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		The introduction of the new IT system has also provided the opportunity to refine processes for assessment of risk of harm and are in the process of completing a risk of harm/risk assessment tool to support decision making.				
4.3	Enabling action, such as informing appropriate parties (including those specified in section 118(g)) that a practitioner may pose a risk of harm to the public	<p>The Council has a Naming Policy that applies when considering whether to publish the name of the midwife who is the subject of an order or direction made by the Council. The policy sets out the circumstances in which a midwife may be named.</p> <p>The website has a page that identifies midwives who have been suspended since 2011.</p> <p>All parties are kept informed as required and this includes where identified; employers, the Accident Compensation Corporation, the Director General of Health, and the Health and Disability Commissioner.</p>	FA			

Function 5: Section 118h) To consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
5.1	<p>The RA has clear and transparent mechanisms to:</p> <ul style="list-style-type: none"> • Receive, review, and make decisions regarding notifications about health practitioners who may be unable to perform the functions required for the practice of the profession • Take appropriate, timely, and proportionate action to minimise risk 	<p>Health notifications can occur at registration, renewal of APC, or during the year.</p> <p>Most disclosures around health are self-referrals. Those occurring during application for registration are in most cases closed prior to registration occurring.</p> <p>Notifications around midwife's health are overseen by the Registrar. However, the majority of correspondence, communication and interaction with midwives and relevant health professional is through the Senior Advisor.</p> <p>All notifications are assessed on arrival and decisions are made based on circumstances outlined within the notification on the risk posed and the need for urgent action. The Council can and has taken immediate action when concerns are raised about a midwife and health is impacting on the ability to practise. The Council's approach in the first instance is most often to call the midwife and to seek agreement to stop practising before an assessment is made. If this is not viable or possible, then an urgent meeting of the Council is arranged in order to take action pending assessment.</p>	FA			

Function 6: Section 118i) To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
6.1	<p>The RA sets standards of clinical and cultural competence and ethical conduct that are:</p> <ul style="list-style-type: none"> • Informed by relevant evidence • Clearly articulated and accessible 	<p>Currently the standards for midwives are as follows:</p> <p><u>Standards of competence</u></p> <p>The Competencies for Entry to the Register of Midwives detail the skills, knowledge and attitudes expected of a midwife to work within the Midwifery Scope of Practice. By defining the minimum competence standards for registration as a midwife in New Zealand, the Council has established the minimum standard that all midwives are expected to maintain in their ongoing midwifery practice.</p> <p><u>Code of conduct</u></p> <p>The purpose of the Code is two-fold. Firstly, it is to make explicit the minimum expectations of every professional midwife with regard to conduct as they engage in their professional activities. Secondly to make explicit the Code of professional behaviour to members of the public, employers and other health professionals.</p> <p><u>Statement on cultural competence</u></p> <p>For midwives, cultural competence means both recognising the impact of their own culture and beliefs on their midwifery practice and being able to acknowledge and incorporate each woman's cultures</p>	PA	L	The 50/50 membership model Aotearoa Midwifery Project is acknowledged in continuing this important journey for the review and development of a series of evidence-based standards.	6 – 12 months (up to 31 December 2022) and ongoing.

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		<p>into the provision of individualised midwifery care. In order to enhance their relationships with women and their families, midwives will draw on the practice frameworks of 1. Midwifery partnership, 2. Cultural safety, and 3. Turanga Kaupapa.</p> <p>The Council is in the process of reviewing and rewriting all key documents (excluding the Code of Conduct) at this time. This review is an evidenced informed review of the scope of practice, competencies for entry to the Register of Midwives and is referred to as the Aotearoa Midwifery Project.</p> <p>To complete this work a collaborative reference group co-chaired by two midwives has used a Te Tiriti three Whare model framework. In parallel, the Council has adopted a Shared Governance Model and is in the process of implementing this throughout the organisation.</p> <p>The Council acknowledges that the scope of practice and the current competencies for entry to the register of midwives are outdated. Once the new core documents are developed and finalised, there will be a change management process to ensure their successful implementation across all workstreams. This will include review of the overseas competence programme, return</p>				

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		to practice programmes, the recertification programme and other programmes.				
6.2	Developed in consultation with the profession and other stakeholders	<p>The Aotearoa Midwifery Project has taken some time to complete as there has been learning and development of process and practice across the project team and organisation. To date the scope of practice workstream has been completed and the project is about to commence the second phase; the review and development of a series of evidence-based standards.</p> <p>Shortly after the review of the preregistration standards will also begin.</p> <p>The scope of practice has been developed in conjunction with the profession but also in conjunction with stakeholders. The plan to consult with the sector is in development and this will include engagement with stakeholder groups including other health professionals, consumer groups, and iwi organisations.</p> <p>For the second phase of the project, the structure and representatives have changed. In this phase there will be a small working group and a large advisory group. Key components of the project team and the advisory group is that there is equal representation of Tangata Whenua and Tangata Tiriti midwives and lay people.</p>	FA			

Function 6: Section 118i) To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
6.3	Inclusive of one or more competencies that enable practitioners to interact effectively and respectfully with Māori	The revised scope of practice will be gazetted in both English and Te Reo Māori. The Aotearoa Midwifery Project is a 50/50 membership model to ensure Māori are fully involved in progressing competencies for practitioners to interact with Māori across the standards.	FA			

Function 7: Section 118j) To liaise with other authorities appointed under this Act about matters of common interest						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
7.1	The RA understands the environment in which it works and has effective and collaborative relationships with other authorities.	<p>The Council has an ongoing collaborative relationship with other responsible authorities and is currently working on matters of common interest with a number of them.</p> <p>The office is located in a shared space with another seven RAs, and this leads to collaboration. One major collaboration was the shared development of the IT system.</p> <p>Other collaborations include meeting regularly with Registrars on Level six to discuss common issues and to share resources.</p> <p>These activities include sharing of policy for example:</p> <ul style="list-style-type: none"> the Midwife's health policy is based on the Health policy of the Psychologists Board The Midwifery Council has shared its General Policy of management of complaints and notifications with other boards The Council reviewed and adopted its statement on COVID-19 vaccine and your professional responsibility from that developed by the Dental Council and adopted by the Medical Council. Development of shared standards for all practitioners that have the ability to 	FA			

Function 7: Section 118j) To liaise with other authorities appointed under this Act about matters of common interest						
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		prescribe. This policy work is being led by the Pharmacy Council but as a profession with prescribing rights where all New Zealand registrants are able to prescribe at point of registration this is deemed essential work that can promote consistency.				

Function 8: Section 118ja) To promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services.						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
8.1	The RA uses mechanisms within the HPCA Act such as competence standards, accreditation standards, and communications to promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services.	<p>In addition to working collaboratively with the other responsible authorities, the Council is involved in inter-disciplinary collaboration and cooperation that includes the following examples.</p> <ol style="list-style-type: none"> 1. Facilitating shared meetings with Te Whare Wānanga o Awanuiārangi. Initial meetings have begun to explore the possibility of a programme with the Wānanga. It was identified that other professions may also be working on this and therefore a shared meeting that includes accreditation bodies has been arranged. 2. Development of a shared statement about roles and responsibilities between midwives and paramedics. This statement will be written in both English and Te Reo Māori. Consideration was also given to discussion around shared learning in both pre-registration and recertification processes. This aligns with work that is being undertaken by the professional associations. 	FA			

Function 9: Section 118I) To promote public awareness of the responsibilities of the authority						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
9.1	<p>The RA:</p> <ul style="list-style-type: none"> Demonstrates its understanding of that the principal purpose of the HPCA Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practice their professions 	<p>The Council has a sound understanding of its role in protecting the health and safety of the public.</p> <p>The website has a section "About Us" that outlines the role of the Council ("What we do"). This includes information about how midwives are competent and fit to practice.</p> <p>The main role is to:</p> <ul style="list-style-type: none"> Set qualifications needed to become a midwife and to accredit pre-registration programmes of education Set standards for clinical competence, cultural competence and conduct of midwives which includes competencies that will enable effective interaction with Māori Register midwives Recertify midwives every year Review and ensure the competence and fitness of midwives 	FA			
9.2	<ul style="list-style-type: none"> Provides clear, accurate, and publicly accessible information about its purpose, functions and core regulatory processes 	<p>The Council website is the main source of information for the public. It contains key information on the role and functions and processes that regulate the practitioners.</p>	FA			

Function 9: Section 118I) To promote public awareness of the responsibilities of the authority						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>There is also a section entitled "Midwifery in Aotearoa" that provides of an overview of the work midwives do in a variety of community settings.</p> <p>Annual reports, workforce surveys and news / updates are published on the website.</p> <p>The Council embarked on a campaign to raise awareness with consumers of maternity services about our role. This campaign was called "Be sure" and sat alongside a campaign called "Be Safe" which was directed at midwives. There is a section about this on the website.</p>				

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
10.1	<p>The RA:</p> <ul style="list-style-type: none"> Ensures that the principles of equity and of Te Tiriti o Waitangi/ the Treaty of Waitangi (as articulated in Whakamaua: Māori Health Action Plan 2020-2025) are followed in the implementation of all its functions 	<p>In 2020 the Board developed and adopted a Te Tiriti policy. This is in the process of being revised, and will be tabled at the December 2021 Council meeting.</p> <p>The Council has engaged a Tikanga Advisor to assist it with regards to its obligations under Te Tiriti o Waitangi. The advisor has provided advice and support to the Council and has recently provided education to the staff about the Te Tiriti Governance Model.</p> <p>Policy is in the process of being reviewed and updated by the Tikanga Advisor to ensure compliance with the model and Te Tiriti.</p> <p>The governance of the scope of practice part of the Aotearoa Midwifery project and the decision-making processes that were used using a three-Whare Model are tangible ways that the Council is implementing Te Tiriti into its work. The process of decision making is continuing in the competencies.</p> <p>The Aotearoa Midwifery Project uses a 50/50 membership model to ensure Māori are fully involved and the Council has taken a considered approach in the learning and development of this project to better apply a “two world views” approach.</p>	FA			

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		<p>The Council meets regularly with stakeholders which include HDC, ACC, Ministry of Health, the College of Midwives, HQSC and National Midwifery Leaders, TAS and other RAs as well as schools of midwifery.</p> <p>Two midwifery advisors are part of national projects aimed at reducing the number and severity of cases of Neonatal Encephalopathy in Aotearoa NZ. In 2020 an engagement plan was developed. This has largely been implemented with regard to engagement with the workforce and key stakeholders, where this needs refining is in engagement with people who use midwifery services.</p> <p>There is also a need to formalise engagement processes with Māori midwives. This has been discussed with the Tikanga Advisor and an action plan will be developed. This is essential before the Council commences engagement on the revised scope of practice.</p> <p>The revised scope of practice is in English and Te Reo Māori and is ready for public consultation.</p>				
10.2	<ul style="list-style-type: none"> Ensure the principles of Right-touch regulation are followed in the implementation of all its functions 	The six principles of right-touch regulation are proportionate, consistent, targeted, transparent, accountable, and agile.	FA			

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment						
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		<p>The Council demonstrates these principles through its policies, processes, systems, consultations, governance, commitment to Māori with its Aotearoa Midwifery Project and how it works with midwives and stakeholders.</p> <p>The Council's Strategic Plan 2018 to 2021 has been implemented. It has reached its end date and the Board is preparing its next strategic plan.</p>				
10.3	<ul style="list-style-type: none"> Identifies and addresses emerging areas of risk and prioritises any areas of public safety concern 	<p>There is a Risk Policy that outlines the responsibilities and processes to identify and manage risk. It includes a negligible to severe table, likelihood table and a risk matrix. This is applied to establish the Risk Register which includes description, impact, probability and mitigation.</p> <p>The Council is constantly reviewing and monitoring risks. It recently reviewed and updated its risk register and keeps a constant surveillance on issues with regard to the workforce.</p> <p>To ensure it was up to date with changes in legislation, the Council engaged Luke Cunningham Clere to update its legislative compliance documentation.</p> <p>Being a small team means that often in times of rapid change there is a need to prioritise and then reprioritise. When the abortion law changed and abortion was</p>	FA			

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		taken out of the Crimes Act, there was a need for action. The Council was given approximately one month in which to consider this matter and to have a statement prepared as the law change was immediate. In 2021 it has sought advice on the best way to regulate midwives wishing to participate in Midwife-Led Abortion Care. It is currently consulting on developing a second scope of practice.				
10.4	<ul style="list-style-type: none"> Consults and works effectively with all relevant stakeholders across all its functions to identify and manage risk to the public in respect of its practitioners 	<p>From time to time, the Council consults on issues relating to midwifery regulation and its website has a consultation page. This shows open and closed consultations.</p> <p>A recent closed consultation was for the Midwifery-Led Abortion Care proposal to regulate Midwifery-Led Abortion Care as an additional scope of practice for midwives.</p> <p>The Council also engages with other stakeholders who are consulting about an issue. Recently there has been a large amount of engagement with the MOH around the COVID-19 vaccination order and the implications for the workforce. The Council was part of the consultation process around this Order and also responded to the Order, by providing the workforce with Q&A. It also ran a webinar about this matter.</p>	FA			

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		<p>The Council is aware that there are issues with the workforce. Despite having more midwives than ever before there is a perception that large numbers of midwives are leaving the profession. Every year a number do leave however the vaccine mandate may see a number leave prematurely. The Council has worked alongside Health Workforce New Zealand and has provided data for a number of years, to support workforce modelling. It continues to provide workforce data to support this.</p> <p>The Council has been involved in Ministry-led initiatives around safe prescribing by health professionals and is part of ongoing work in this area.</p>				
10.5	<ul style="list-style-type: none"> Consistently fulfils all other duties that are imposed on it under the HPCA Act or any other enactment 	<p>The Board meets seven times per year and the first and last meetings of the year are for two days. The end of year meeting includes planning for the next year. The website currently shows the 2022 planned meeting dates with eight for the Council, eight for Fitness To Practice which occur prior to each Council meeting, and four for the Finance, Audit, and Risk Management Committee</p> <p>There is an induction for new governance Council members.</p>	FA			

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment						
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		<p>Terms of reference are in place for the Finance, Audit, and Risk Management Committee.</p> <p>The Council identifies that it fulfils its obligations as an employer and as a public, administrative and regulatory body.</p> <p>All midwives require safety checks as part of the Children's Act. The Council worked alongside the Ministry of Health when these were initiated and has recently sent communications to the sector outlining the Council's roles and responsibilities.</p> <p>The Council's overarching privacy policy is in place and aligns with the Privacy Act 2020.</p> <p>Opportunity for Improvement</p> <p>The Council could consider establishing an overarching governance policy and publishing the strategic plan on its website.</p>				