



Te Tatau o te Whare Kahu

midwifery council  
of new zealand

# Annual Report of the Midwifery Council of New Zealand

to the Minister of Health

For the year to 31 March 2008



**Members of the Midwifery Council of New Zealand 2007/2008.**

Standing from left: Rea Daellenbach, Thelma Thompson, Sally Pairman, Sharron Cole, Estelle Mulligan. Seated from left: Helenmary Walker, Mina Timutimu. Sue Bree.



# **Annual Report of the Midwifery Council of New Zealand to the Minister of Health**

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



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'Te tatau o te whare kahu' (he whakamarama) is a metaphorical reference to the Midwifery Council's role as a regulatory body and the context in which Council carries out its work.

'Te tatau' refers to a gateway or entrance, symbolising Council as the authority responsible for registration (entry to the register) and recertification of midwives. An analogy is the gateway to a marae. During a powhiri, certain protocols and rituals take place and it is only on completion of these, that newcomers are able to pass through the gateway onto the marae atea.

Te whare kahu symbolises the marae atea. A 'kahu' is a type of garment or korowai for which there are many variations. Kahu is also the word used to refer to 'the membrane enveloping the unborn baby'. Whare kahu emphasises the protective nature of these basic meanings, consistent with Council's role to protect the public by ensuring midwives are competent to practise. Whare kahu also refers to a place for lying-in for high born women.

The application of 'whare kahu' used here, elevates the significance of childbirth for all societies and includes women and midwives, their whanau, and childbirth settings.

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

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

### **Council values:**

- The partnership between women/wahine and midwives/wahine whakawhanau
- Partnership with Tangata Whenua
- Respect for diversity
- Integrity and fairness
- Transparent, credible and accountable decision making
- Collegiality and collaboration
- Reflection and ongoing learning
- Social, economic and ecological sustainability

### **Council functions:**

The functions of the Council are defined by the Health Practitioners Competence Assurance Act 2003 ("the Act").  
The Council must:

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

## Members of the Midwifery Council

As at 31 March 2008 the members of the Midwifery Council are:



### **Dr Sally Pairman, MNZM, D.Mid, MA, BA, RM, RGON, Chair**

Sally Pairman is a midwifery educator and currently works at Otago Polytechnic in two main roles; as the Head of School of Midwifery and as the Health and Community Group Manager (with responsibility for the Schools of Foundation Learning, Midwifery, Nursing, Occupational Therapy and Social Services). Sally has long been involved in the development of the midwifery profession in New Zealand having served terms as President of the New Zealand College of Midwives, Education Consultant to the College and as Deputy Chair of the Nursing Council of New Zealand, in which role she was also Convenor of the Education Committee. In her academic role Sally has published widely including 'Midwifery Partnership: a model for practice' (co-written with Karen Guilliland) and 'Midwifery: preparation for practice' (co-editor and author). Sally has been elected Chair of Council each year since its inception. She was re-appointed in 2006 for a further three year term ending in December 2009. Sally lives in Dunedin with her husband and two sons.



### **Sharron Cole QSO, MA, DipEd, DipCBE Deputy Chair**

Sharron Cole is a consumer member of the Council, having been active in maternity issues since the early 80s. She is the Deputy Chief Families Commissioner, Deputy Chair of the Hutt Valley District Health Board, [Chair](#) of Parents Centres New Zealand and a member of a number of statutory committees in health-related areas. She lives in Petone and is married with four adult children. She was re-appointed to the Midwifery Council for a second three year term, ending in December 2009.



### **Sue Bree, RGON NZRM**

Sue Bree has been a member of Council since it was established in 2003 and was previously a member of the Nursing Council of New Zealand. She has worked as a self employed midwife in the Bay of Islands since 1990 and as such, her rural work environment incorporates home as well as primary and secondary facilities. She is immediate past President of the New Zealand College of Midwives. Sue lives in Opuia with her partner and teenage daughter. Sue was re-appointed for a further three year term ending in February 2009.



### **Dr Rea Daellenbach, PhD, MA (Hons)**

Rea Daellenbach is a consumer member of the Midwifery Council. She became involved in the Christchurch Home Birth Association in the mid-1980s when her first children were born. From 1992-1997, she was a consumer representative on the National Committee of NZCOM. At the same time, she completed a PhD in sociology about the home birth movement in New Zealand. Currently she is a lecturer in the Bachelor of Midwifery programme at the Christchurch Polytechnic Institute of Technology. Rea lives with her partner and seven year old son in central Christchurch. She was appointed to the Midwifery Council for a three year term expiring in February 2009.



**Mina Timutimu, RN, M, PL, J.P**

Mina Timutimu is a midwife who works with her iwi establishing and coordinating health services for whanau and hapu. She has had a long career in health as a midwife, a nurse and as a Plunket Nurse. She is currently a member of the New Zealand College of Midwives' National Committee where she holds the position of Kuia and a member of the Newborn Metabolic Screening Programme Advisory Group. Mina was re-appointed to the Midwifery Council for a further three year term ending in February 2009.



**Thelma Thompson, BSc, Dip. Nursing, Dip. Midwifery**

Following her nursing career Thelma Thompson completed midwifery education at AUT in 1989 and a BHSc in 1997. She has worked throughout all areas of Women's Health at Counties Manukau, including the high-risk assessment area, with women with diabetes, as a clinical educator and in various management positions. She is currently the Director of Midwifery at Counties Manukau District Health Board. Thelma was re-appointed to the Midwifery Council for a further three year term ending in December 2009.



**Helenmary Walker, RPN, RGON, RM, ADN**

Helenmary Walker came to midwifery from psychiatric and then general and obstetric nursing in Dunedin. She completed her midwifery education at ATI and has worked in base hospitals, secondary facilities, and primary maternity units in Dunedin, Christchurch, Lincoln and Timaru. Helenmary is currently the Charge Midwife at Botany Downs Maternity unit, a level O Unit in Counties Manukau DHB in South Auckland. She is married with three sons. She was re-appointed to the Midwifery Council for a three year term expiring in February 2009.



**Estelle Mulligan, MA (Applied), RGON, RM**

Estelle Mulligan was appointed to Council in December 2006 for a three year term. Of Ngati Porou descent Estelle recently returned to Gisborne where she works as a core midwife at Gisborne Maternity. Her midwifery training began at St Helens Wellington and she completed MA (Midwifery) at Victoria University Wellington. Her midwifery experience began in Gisborne and includes many years in Upper Hutt, becoming self-employed when the primary unit was closed in 1990. She then spent five years as a midwifery educator at Waikato Institute of Technology within Tihei Mauri Ora Roopu supporting Maori students then worked in a midwifery professional leadership role within Lakes DHB. Estelle is a founding and active midwife member of Nga Maia Aotearoa, currently Chair and a Nga Maia midwife delegate on NZCOM's National Committee. Her two adult children, both health professionals, have now left Aotearoa on their OE and Estelle is home supporting her parents.

# Chairperson's Foreword

**Tena Koutou Katoa. Kia Kotahi Ki. He whakatauki e tohu ana kia u tatou i roto i te whakaaro kotahi.**

This report highlights the Council's activities from 1 April 2007 to 31 March 2008. As we established our secretariat in January 2007 this report also marks our first year in our new premises in Boulcott Street and with a full complement of staff. It has been a pleasure to have our own space, including a board room, and our co-location has enhanced working relationships between Council and staff.

It has been another busy year for Council as we continue to implement policy and processes as required under the Health Practitioners Competence Assurance Act 2003.

## **New education standards**

A key achievement was the release of Council's '*Standards for Approval of Pre-registration Midwifery Education Programmes and Accreditation of Tertiary Education Organisations*' in August 2007. These standards were the result of an extensive review of pre-registration midwifery education programmes which we began in December 2004. The five schools of midwifery must now revise their programmes in line with the new standards and submit programmes for Council approval by 2009.

The new standards increase the minimum hours required from 3600 to 4800 while maintaining a three year bachelor's degree as the entry qualification for midwifery. By extending the academic year from 34 to 45 weeks there will be opportunity for midwifery students to meet the required increase in midwifery practice hours (1500 to 2400) and the required increase in specific midwifery skills. By providing for more midwifery practice in the pre-registration programme the new standards will assist graduates to achieve not only competence but also increased confidence. Council believes that increased experience and confidence together with the support of the Midwifery First Year of Practice programme will help ensure retention of new graduate midwives in the workforce.

In recognition of the current context of midwifery workforce shortages Council has also set standards that encourage schools of midwifery to collaborate and share resources and to deliver programmes more flexibly in order to improve access for potential midwifery students from rural and provincial New Zealand. Council anticipates that through improving access to programmes there will be an increase in students that will flow through to increased graduate numbers from 2011 onwards.

## **Recertification Programme**

The first three years of Council's Recertification Programme ended on 31 March 2008. Council undertook a formal review of the programme through consultation with midwives and stakeholders towards the end of 2007. Overall there was strong support for the programme and stakeholders considered that the programme was improving standards of midwifery practice. Minor modifications were made to the programme for implementation from 1 April 2008.

## **Midwife Assistant**

As one of its strategies to address midwifery workforce issues Council consulted with the profession and stakeholders as to the development of a second scope in order that the increase in unregulated workers in maternity facilities might be more appropriately managed through regulation. Opinions are divided although many respondents are concerned that New Zealand does not see the same proliferation of lower level maternity workers employed in maternity facilities as has occurred in the United Kingdom. Council intends to consult further on this issue.

## National and International Networks

This year was the first year where Council representatives attended international conferences outside of New Zealand. In May I attended a joint International Confederation of Midwives (ICM) and International Council of Nurses (ICN) conference on regulation in Yokohama, Japan. Along with Karen Guilliland (CEO of New Zealand College of Midwives) I facilitated a workshop on midwifery regulation for midwives representing 10 countries. This conference was followed by an invitation from Japanese midwives for Karen and I to undertake a seven day tour speaking with midwives, doctors, consumers and politicians in Yokohama, Tokyo and Kyoto. Our talks focused on New Zealand's maternity system, midwifery partnership, education, regulation and professionalism. Japanese midwives have long been interested in New Zealand and a number of delegations have visited here. It was a privilege for us to be able to see midwifery practice in Japan and in particular to experience their unique midwife-run community birthing centres.

In August I was honored to be invited as Chair of Council to present a critique, from a midwifery perspective, of Auckland's National Women's Hospital Maternity Annual Clinical Report 2006. In September I represented Council at the Joan Donley Midwifery Research Collaboration Forum hosted by NZCOM in Taupo. I met with midwifery educators to discuss the new pre-registration midwifery education standards.

In March this year Susan Yorke and I attended the Nursing and Midwifery Professional Standards Forum hosted by the Nurses and Midwives Board of New South Wales in Sydney. This forum was attended by representatives of nursing and midwifery regulatory authorities in Australia and New Zealand and focused on Australia's impending national registration legislation. Susan and I both presented aspects of our experiences with the HPCAA.

I would like to sincerely thank Council members for their continued hard work and their commitment to the Council. All councillors take on extra roles on committees and as competence reviewers and all liaise closely with the wider midwifery profession. In particular I thank Sharron Cole for her work as deputy chair and convener of the Professional Conduct Committee. I am also very grateful to those midwives who contribute to council work on competence review committees, conduct committees, examination committees and as supervisors and auditors.

Thank you also to Susan Yorke, CEO/Registrar, and her staff for all their hard work and dedication in supporting the Midwifery Council and carrying out the vital work that ensures public safety and also strengthens the midwifery profession. Council members and council staff are a pleasure to work with and I thank them all for their commitment and for their energy.

Na reira tenei te mihi kia koutou katoa.  
Kia kaha kia maia kia manawanui.  
Na Sally.



Chairperson

# Chief Executive's Review

This was our first full year as an independent secretariat and our focus was on further development of operational policies and processes aimed at promoting efficiency within the secretariat and to better support Council's activities. We made several enhancements to our IT system and made sure we had an effective link between the Register database and our accounting system. This meant that we have a streamlined process for issuing practising certificates and are also able to readily comply with audit requirements. We are well positioned to further develop a more interactive website to provide easier procedures for midwives who wish to use such a facility and to further automate processing and reporting functions to enhance efficiency. Having an increased number of staff in an independent secretariat in particular stimulated development of our own human resource policies. As part of the review of our processes and a business continuity risk analysis we also commenced mapping all secretariat procedures.

In the latter part of 2007 I undertook a new analysis of Council's income and costs to enable Council to review fees charged to midwives. Council consulted the profession on the proposed fees for the 2008/2009 year. A total of 304 responses were received and these were analysed by an independent consultant who reported back to the Council in December 2007. Not surprisingly the proposal to reduce the fee for an annual practising certificate fee for the 2008/09 year was supported. We have included our own explanatory notes to the Financial Statements included in this report to assist midwives' understanding of Council's income and expenditure.

## Recertification Programme

Engagement in the Recertification Programme is the way midwives demonstrate they are competent in order to gain a practising certificate. During the year we continued informing midwives about the Programme through our newsletter, by placing information on our website, by distributing a leaflet summarising the requirements and by individual contact. Council's consultation about the Programme as it drew to the end of the first three year period is referred to later in the report. One of our most resource intensive activities during the year was auditing and monitoring midwives' engagement in the Recertification Programme. Our audit processes and administrative procedures were continually refined by staff as we dealt with midwives on an individual basis and I would like to thank them for their hard work and patience during that time.

## Review of the Health Practitioner's Competence Review Act 2003

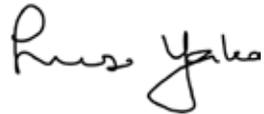
Council made a submission in response to the Ministry of Health's review of the Health Practitioner's Competence Review Act 2003 and I have worked with other authorities towards making a joint submission as to technical amendments which would ease administrative processes. In general Council believes the Act is achieving its purpose of protecting the health and safety of the public. In the time since inception we have implemented all mandatory, and some discretionary, mechanisms of the Act to the benefit of the public but we believe that the Act needs at least another three years of implementation before any significant changes should be made because there has been insufficient time to test all aspects of the legislation.

## Other business

During the year Council members and staff attended the Council's annual forum and also ran a workshop for educators in conjunction with the New Zealand College of Midwives to develop a new programme for Technical Skills Workshops. I actively engaged in collaborative work with the Chief Executives/Registrars of the other health regulatory authorities, as part of the HRANZ group (Health Regulatory Authorities of New Zealand) in matters of mutual interest and concern. I also represented the joint Registrars group on the Ministry of Health's Health Practitioner Index Sector Advisory Group which advises on the roll-out of issuing CPNs to all health practitioners and whether additional organisations should have access to that information. Council communicates regularly and exchanges information with the Australian Nursing

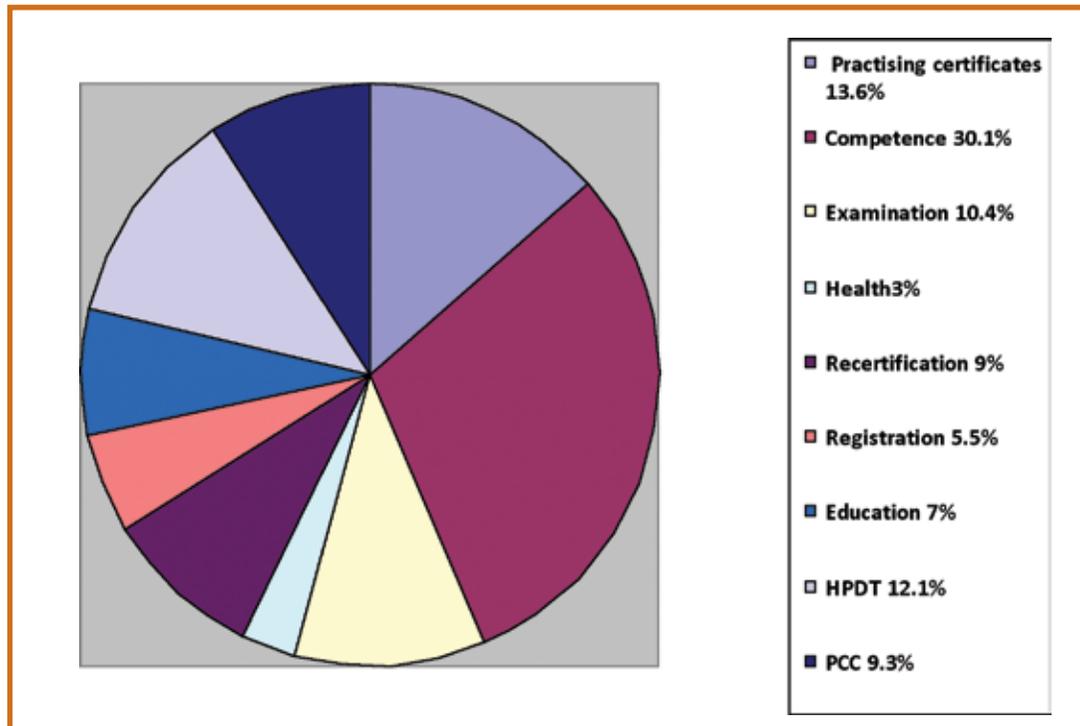
and Midwifery Council (ANMC) and in March 2008 the Midwifery Council Chair and I attended a forum organised by the ANMC to give advice on processes to deal with issues relating to professional standards as the Australians work on legislation which will implement a national scheme for registration.

All Council members have in different ways contributed their expertise and additional time to various projects and the staff and I appreciate the good working relationship between us. Finally I would like to thank all the staff of the Midwifery Council for their hard work and cheerful approach to their work. The staff ensure that processing of applications are carried out in a timely manner, that issues are followed up and consistent decisions made and it is their hard work which underpins the achievements of Council.



Susan Yorke  
Chief Executive and Registrar

**Table 1: How your fees were used in 2007-2008.**



## SCOPE OF PRACTICE AND COMPETENCIES

### Our responsibilities are:

- To specify scopes of practice in relation to midwifery
- To set standards of clinical competence, cultural competence and ethical conduct

### Proposed second Scope of Practice

Throughout this year Council discussed the issue of potential establishment of a second midwifery scope of practice. It was discussed at the Forum held in Wellington. Then in August Council formally consulted the profession and stakeholders about the proposal to develop a second Scope of Practice for Midwifery Assistants. Prior to the consultation Council conducted an extensive literature search and review and prepared a comprehensive consultation document which included a suggested scope of practice and education programme.

Anecdotal evidence suggested that unregulated health care assistants are being used within maternity services in many DHBs in response to shortages of midwives. Through the consultation the Midwifery Council sought to:

- Gather information on the use of health care assistants within maternity services in New Zealand;
- Ascertain the views of midwives, professional and consumer organisations, unions, District Health Boards and other maternity facility providers on whether health care assistants in maternity areas should be regulated;
- Gather the views of relevant groups on the scope of practice and appropriate education and training for midwifery assistants if regulation were to proceed.

There was an almost equal split between those who supported the concept of a Midwifery Council regulated second scope of practice and those who opposed the concept. There were also a significant number who were ambivalent or undecided. Both those supporting and those opposing a second scope recognised there was a workforce issue that needed to be addressed, but saw different solutions to this. At the time of this report discussion is still ongoing.

### Cultural competence

As reported in the 2006 – 2007 Annual Report the Midwifery Council and Nga Maia o Aotearoa agreed to incorporate Turanga Kaupapa into the Competencies for Entry to the Register of Midwives. The intention of these guidelines is that Tangata Whenua values become part of the competence requirements of all practising midwives.

This work was undertaken during the review of pre-registration midwifery education when the Competencies were revised to include Turanga Kaupapa. The key change is identified in criterion three of competence one which now reads:

*The midwife applies the principles of cultural safety to the midwifery partnership and integrates Tūranga Kaupapa within the midwifery partnership and midwifery practice.*

Through identifying Midwifery Partnership, Cultural Safety and Turanga Kaupapa as three integrated frameworks for midwifery practice in the Competencies Council has set its standards for cultural competence as required by the Health Practitioners Competence Assurance Act 2003. In Council's view cultural competence cannot be separated from competence to practise midwifery as all midwives must be able to work safely with all women and their families in ways which meet their individual needs.

Through requiring education about these frameworks in the pre-registration education standards, Council has ensured that all midwifery students have an opportunity to explore these frameworks and how they apply to practice. Through requiring midwifery educators and midwife preceptors to undertake specific education Council expects that midwives' understandings of cultural competence will spread to the wider profession.

Midwifery Standards Review (MSR) is a compulsory component of the Recertification Programme. MSR requires each midwife to self assess against the Standards for Midwifery Practice or the Competencies for Entry to the Register. In either case midwives will need to reflect on Midwifery Partnership, Cultural Safety and Turanga Kaupapa and how these frameworks relate to practice. In this way the cultural competence of midwives will develop as part of their overall competence.

This change to the Competencies is reflected in the new standards for pre-registration midwifery education which now require programmes to teach content in relation to three professional frameworks for practice; Midwifery Partnership, Cultural Safety, and Turanga Kaupapa (5.2.5). All midwifery teaching staff are now required to complete a Treaty of Waitangi workshop and a Midwifery Council approved course in Cultural Safety and Turanga Kaupapa within one year of appointment (8.4). Midwife preceptors will also be required to complete courses in Cultural Safety and Turanga Kaupapa (8.7). These requirements will be phased in from 2009 with the expectation that all preceptors will complete these requirements by 2014.

## EDUCATION OF MIDWIVES

### Our responsibilities are to:

- **accredit and monitor the institutions offering the pre-registration Midwifery programme**
- **set standards for the Midwifery pre-registration programme**
- **set standards of competence required for entry to the Register of midwives**
- **ensure such standards are met by New Zealand graduates and overseas qualified midwives**

### Pre-registration education review

Council reported in last year's annual report on the extensive consultation in relation to the review of pre-registration midwifery education as delivered by Auckland University of Technology, Waikato Institute of Technology, Massey University, Christchurch Polytechnic Institute of Technology and Otago Polytechnic.

The final standards for the new pre-registration programme were released in August 2007 together with a report summarising the submissions on the draft standards. The report responded in detail to the themes arising in the submissions and provided an explanation of the decisions made by Council. Two main changes were:

- (1) an increase in the total programme hours to 4,800 over three years; and
- (2) a requirement for tertiary education organisations to deliver programmes flexibly in order to improve access for prospective students.

Council then engaged with the Minister of Health and the Tertiary Education Commission (specifically the Stakeholder Engagement Manager) in addressing the funding of the new programme; these negotiations are continuing as the year ends. In addition Council entered into negotiations with Institutes of Technology and Polytechnics Quality (ITPQ) with the aim of developing a Memorandum of Understanding to facilitate joint accreditation and monitoring processes. At the end of March 2008 Council received the first application for programme approval under the new standards.

### Monitoring of Schools of Midwifery

Council continued to monitor improvements to the pre-registration midwifery programme delivered by Waikato Institute of Technology (WINTeC) following the review in 2006.

## National Midwifery Examination

A pass in the National Midwifery Examination is one of the requirements for entry to the Register of Midwives. In November 2007, 101 out of 103 candidates were successful. In March 2008 there was 1 candidate who attained a pass. The success rates for each School of Midwifery for 2007 are shown in Table 2.

Table 2: National Midwifery Examination passes			
School	No candidates	Number passed	% passed
AUT	28	28	100
WINTERC	16	16	100
Massey PN	7	6	86
Massey Wgtn	18	17	95
CPIT	19	19	100
Otago	16	16	100
	104	102	

## REGISTRATION OF MIDWIVES

### Our responsibilities are to:

- **set the standards required for registration**
- **assess applications and authorise registration**
- **set and monitor individual competence programmes for newly registered overseas qualified midwives**

### Competence Programme for overseas qualified midwives

The majority of newly registered overseas qualified midwives have conditions on their Scope of Practice which include requiring them to complete a Competence Programme within 18 months of obtaining their first practising certificate. This programme reflects the need for them to gain competencies required of midwives in New Zealand which do not have a parallel in other jurisdictions. The conditions are:

- May not work alone as a Lead Maternity Carer; and
- May not prescribe prescription medicines; and
- Must complete a competence programme comprising the following courses, within 18 months of the issue of the first practising certificate:
  - NZ Maternity System
  - Midwifery Partnership
  - Treaty of Waitangi
  - Cultural Safety
  - Pharmacology and Prescribing.

Once the Competence Programme has been completed all conditions are removed.

### Collaborative research on overseas qualified midwives

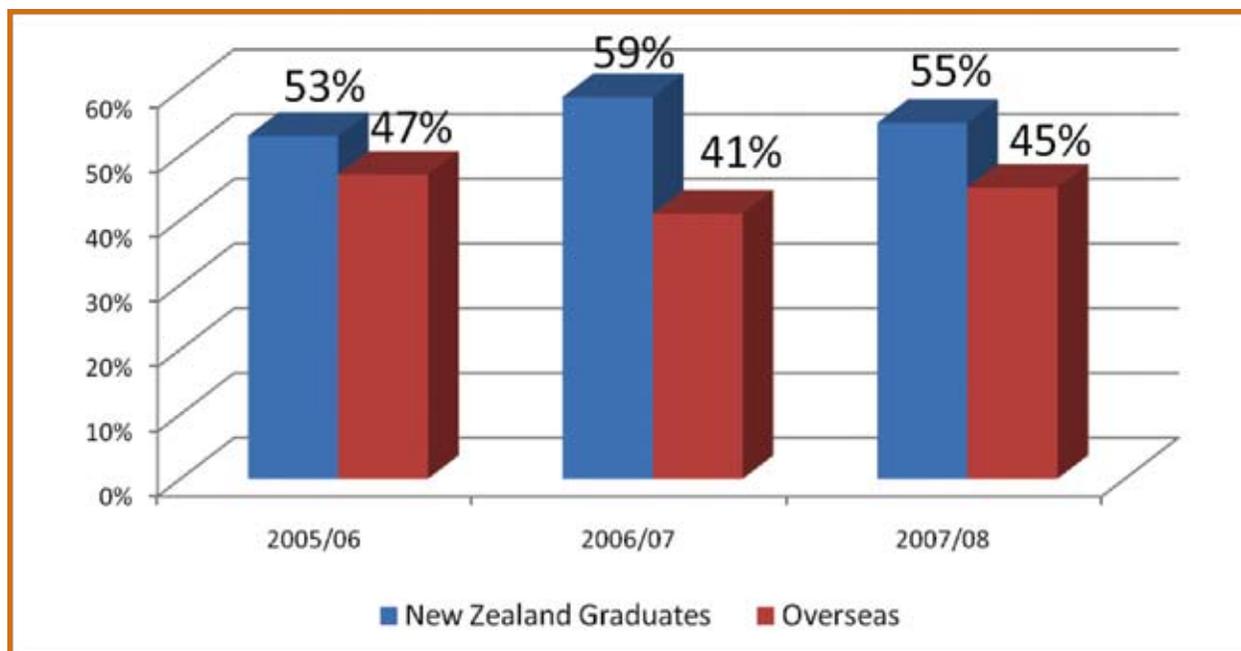
Council collaborated with staff of the Christchurch Polytechnic Institute of Technology in conducting research on the experience of British midwives who come to live and practise in New Zealand. The research will inform the planned future review of Council's Competence Programme that all overseas qualified midwives are required to complete. The research is expected to be completed towards the end of 2008.

**Table 3: Number of Midwives registered between 1 April 2007 and 31 March 2008 with comparisons with previous years**

	2004/05	2005/06	2006/07	2007/08
<b>New Zealand midwifery graduates</b>	<b>114</b>	<b>103</b>	<b>108</b>	<b>109</b>
<i>Overseas trained midwives</i>	57	82	69	71
<i>Entitled under TTMRA *</i>	5	11	7	17
<i>Not recorded **</i>	8			
<b>Total</b>	<b>184</b>	<b>196</b>	<b>184</b>	<b>197</b>

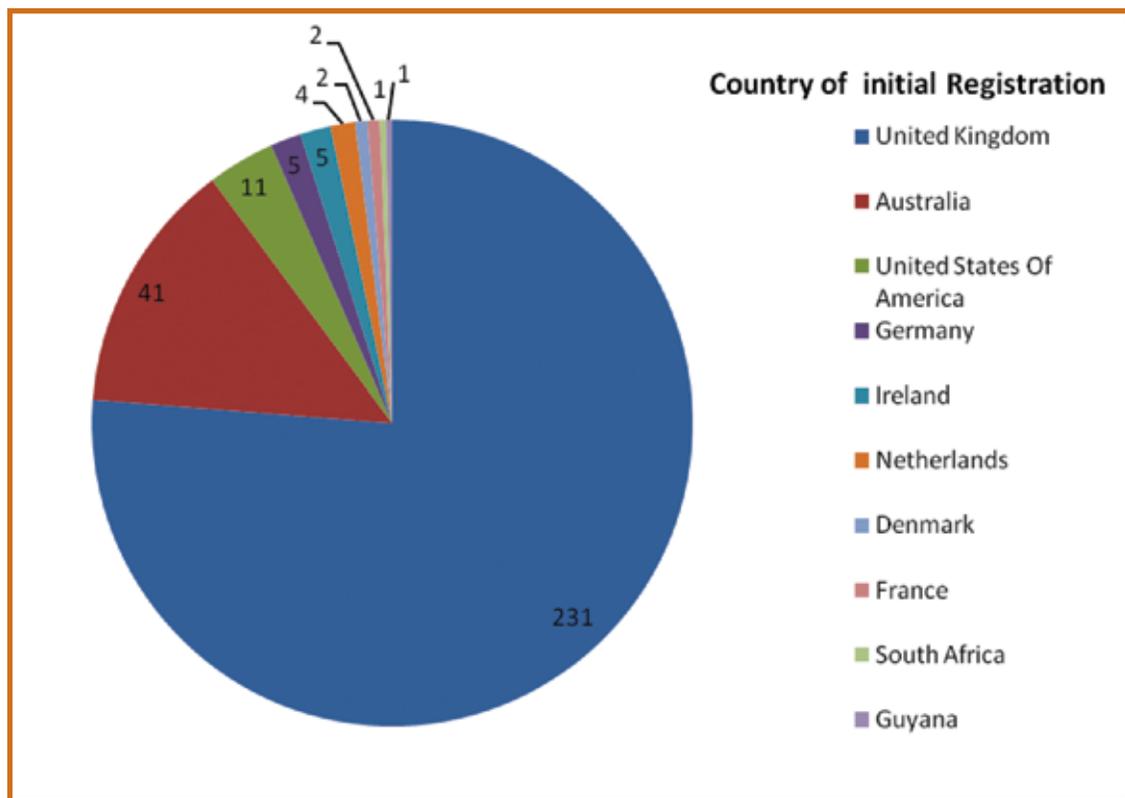
\* *Trans Tasman Mutual Recognition Act 1997*  
 \*\* *Registered prior to Midwifery Council assuming responsibility*

**Table 4: Percentage of registrations in year ending 31 March: New Zealand graduate compared to overseas qualified**



Since Council's inception, the United Kingdom has continued to dominate as the source of overseas midwives coming to New Zealand. Table 5 shows the country of initial registration of overseas qualified midwives registering in New Zealand since 1 April 2005.

**Table 5: Country of initial registration of overseas qualified midwives between 1 April 2005 and 31 March 2008**



## ISSUE OF PRACTISING CERTIFICATES

**Our responsibilities are to:**

- **protect the public by ensuring midwives are fit to practise**
- **ensure midwives applying for practising certificates can demonstrate competence**
- **set and monitor individual competence programmes for midwives returning to midwifery after three years or more**

### **Midwives' health**

Council received one notification of concern about a midwife's health which had affected her practice and another midwife self disclosed a condition which had prevented her from working for a period of time. Both midwives were referred to the Health Committee. As at 31 March the Committee was monitoring programmes designed to support both midwives return to work while also protecting the health and safety of the public. The Health Committee has delegated authority from Council to make decisions relating to midwives' health.

Midwives who seek to return to work as a midwife after an absence of more than three years must demonstrate their competence by completing the Return to Practice Programme.

### **Return to Practice Programme**

Midwives who seek to return to work as a midwife after an absence of more than three years must demonstrate their competence to practise by completing the Council's Return to Practice Programme. During the year Council received 11 applications for Return to Practice and approved individual programmes for 10 midwives. One application was declined and the midwife concerned referred to a midwifery school for an individual learning plan.

### **Fees Consultation**

In late 2007 Council consulted the profession on the proposed fees for the 2008/2009 year. This followed a full review of costs which were substantially different to previous years when Council contracted administration and financial services. The 304 responses were analysed by an independent consultant who reported back to the Council in December 2007. The most significant change, which was supported by the respondents, was a reduction to the fee for an annual practising certificate from \$600 to \$478.

## Annual Practising Certificates

In Table 6, the blue columns show the number of midwives holding a practising certificate at the end of that year and the red columns show the number of midwives who have (as at the end of April) renewed their practising certificate for the following year.

Each year about 2500 renew their practising certificates, about 300 new and returning midwives enter practice and about 300 leave practice. The number of current practising certificates rise during the year as newly registered midwives enter the workforce and existing midwives return to practice. Midwives who leave practice do not surrender their practising certificates and are not reflected in the numbers until the beginning of the next year when they do not renew.

**Table 6: Comparative APC figures for the end of the year and beginning of the following year.**



## Recertification Programme

This year was the third since the inception of the Recertification Programme in 2005. The Recertification Programme requires midwives to undertake various courses and activities over a three year period in order that they can demonstrate to Council that they are competent and safe to practise. In late 2007 Council undertook a complete review of all components of the Recertification Programme as it came to the end of its first three years. The review comprised:

- a workshop with providers of Technical Skills Workshops
- development of formal consultation documents for midwives and a separate one for stakeholders.

Relevant consultation documents were sent to all midwives with practising certificates and to stakeholders such as DHBs, NZCOM and consumer organisations.

The purpose of the review was to find out how the programme had worked overall, how it impacted on midwifery competence in general, what had worked well, what problems had been experienced and what changes might be made. Nearly 900 responses were received from midwives and stakeholders. The full reports are on Council's website.

There was no evidence to suggest that the Recertification Programme should be changed significantly but Council incorporated several suggestions for improvement. The most significant changes were that all midwives will now be required to undertake Midwifery Standards Review once every two years and there is greater flexibility towards gathering points for elective education and professional activities. The revised Programme is summarised in the box on page 22. Council was heartened by feedback from stakeholders that the Recertification Programme is improving standards of midwifery practice.

### ***Recertification Audit***

Because it was the third year of the Programme, all midwives who had held a practising certificate in the previous three years were expected to have completed all the requirements. Therefore Council's audit focus was on midwives' portfolios. The requirement to engage in specific ongoing education in order to be able to demonstrate competence was new to the profession. The audit demonstrated that a majority of midwives had embraced this change. Those who were unable to satisfy Council of substantial engagement in the Recertification Programme were required to undertake specific activities within defined time frames and some were issued with interim practising certificates until requirements were met.

## Participation in the Recertification Programme requires a commitment to professional development.

In summary the components of the revised Programme (applicable from 1 April 2008) are:

- Declare competence to practise within the Midwifery Scope of Practice (annually on application for APC);
- Practise across the Scope over a three-year period;
- Maintain a professional portfolio containing information and evidence about practice, and education and professional activities over each three-year period;
- Complete the compulsory education\*;
- Complete 50 points of elective education and professional activities, comprising a minimum of 15 points for elective education, a minimum of 15 points for professional activities and the remaining points from either or a combination of both;
- Participate in New Zealand College of Midwives Midwifery Standards Review Process at least once every two years\*\*

\*Compulsory education includes:

- Technical Skills workshop\*\*\* once every 3 years
- Annual neonatal resuscitation update
- Annual adult CPR update
- Breastfeeding update workshop once every 3 years.

\*\* All midwives must undertake MSR at least once every two years except new graduate midwives are also required to undertake MSR at the end of their first year of practice

\*\*\*Technical Skills workshops for 2008 to 2011 have the following components:

- Documentation
- Communication in relation to consultation and referral
- Midwifery emergencies
- Labour assessment

“Maintaining competence to practise” means maintaining the on-going capacity to integrate knowledge, skills, understanding, attitudes, and values within the professional framework of the Midwifery Scope of Practice”.

## PROFESSIONAL STANDARDS

**Our responsibilities are to:**

- **act on information received about the competence and conduct of midwives**
- **undertake competence reviews**
- **set and monitor individual competence programmes**
- **monitor midwives who are subject to conditions following disciplinary action**

Between 1 April 2007 and 31 March 2008 Council received a total of thirty five complaints. These were either referred to Council from the Health and Disability Commissioner or were notifications of concern made by DHBs or other practitioners. Two complaints each involved three midwives and four complaints were about the same midwife.

### **Professional Conduct Committee**

Complaints which involve unprofessional behaviour or deliberate actions that may be in breach of midwifery standards are referred to a Professional Conduct Committee for investigation. The PCC can make recommendations back to Council or determinations in its own right. During the year five midwives were referred to a Professional Conduct Committee, one of whom was the subject of three complaints with similar issues. See Table 7.

### **Health Practitioners Disciplinary Tribunal**

In relation to cases completed before 31 March 2008, the Director of Proceedings prosecuted one midwife in the Tribunal. Various conditions were imposed on her practice which Council monitors.

### **Competence Review Panel**

Three midwives were required to have their competence reviewed; see Table 7.

For five others, while a Competence Review was not required, the midwives were required to attend a Special Midwifery Standards Review through the New Zealand College of Midwives. A Special Midwifery Standards Review differs from the College's usual review process in that it focuses on a specific case or set of circumstances identified by Council rather than relating to the midwife's overall practice.

**Table 7: The referrals and notifications were dealt with as follows:**

Action		Referring body	Complaints received	Number of midwives	Outcome
<b>Referred to Professional Conduct Committee</b>		HDC* or DHB HDC or DHB	6 1	4 1	Referrals in process at 31.3.08 Midwife required to undertake further education and special MSR
<b>Referred for Competence Review</b>		DHB HDC	2 1	2 1	In process at 31.3.08 Concerns addressed in Competence Review in process from earlier referral
<b>Referred for Special Midwifery Standards Review</b>		ACC DHB HDC	1 1 1	3 1 1	In process at 31.3.08 To be undertaken in June 2008 Undertaken and professional development plan approved.
<b>Referred to HDC</b>		consumer	5	5	Preliminary investigation by HDC pending
<b>Preliminary investigation by Council but: Competence Review not required because:</b>	Midwives had already voluntarily addressed the issues by seeking further training or changing behaviour	HDC or DHB	3	3	No further action by the Council required
	Midwife ceased practise Minor issues	DHB Another health practitioner	3 1	3 1	No further action unless midwife wishes to obtain a practising certificate. Council made recommendation as to practice
	Event not caused by poor practice	ACC	2	2	Referred by ACC under its reporting system. No further action by Council
<b>Assessment by Council but no further action because:</b>	Requirements imposed by HDC considered sufficient and complied with	HDC report of investigations	5	5	
	HDC found no breach and Council did not consider it warranted further action	HDC report of investigations	1	1	
	Insufficient evidence	DHB & HDC	2	2	
<b>Total complaints Total midwives</b>			<b>35</b>	<b>35</b>	

**Note:**  
These figures represent new referrals and notifications during the year and do not include those received in the previous year which are still in the process of being addressed nor those cases which have been resolved but which require ongoing monitoring.

\* Health and Disability Commissioner

**The types of concerns involved in complaints relating to competence:**

- Documentation
- Clinical skills
- Communication/referral
- Assessment & decision making
- Partnership
- Practice Management skills

**The themes involved in complaints about conduct were:**

- Communication with client
- Lack of informed consent
- Prescribing outside scope of practice
- Use of offensive language
- Falsified documentation
- Lack of attention to client
- Non engagement in Recertification



Chair of the Midwifery Council, Sally Pairman, speaking at the Australian Nursing and Midwifery Professional Standards Forum in March 2008.

## COMMUNICATION WITH STAKEHOLDERS

### Our responsibilities are to:

- **Communicate with the midwifery profession**
- **Liaise with health regulatory authorities and other stakeholders over matters of mutual interest**
- **Promote public awareness of the Council's role**

### Forum

Council held its annual Forum in Wellington to discuss policies and processes and provide an opportunity for the profession, stakeholders and consumers to give informal feedback to Council. Approximately 60 people attended.

### Website

Council continued to utilise its website as a cost efficient way of communicating with the profession, stakeholders and the public.

### Nursing and Midwifery Professional Standards Forum (Australia)

In March 2008 the Nurses and Midwives Board of New South Wales on behalf of the Australian Nursing and Midwifery Council and the nursing and midwifery regulatory bodies of Australia and New Zealand hosted the annual meeting of these organisations in Sydney. These regulatory bodies have been meeting annually for some years to discuss issues and share strategies related to regulation but this was the first time that the Midwifery Council of New Zealand had attended.

In light of impending national registration in Australia the focus of the meeting was on the strengths and weaknesses of current regulation in Australia and New Zealand in order to inform and influence the proposed national legislation. Prior to the meeting information was sought about conduct and competence issues using a Delphi technique.

The meeting concluded with a strategic planning session that contributed to the development of a unified submission by the Australian midwifery and nursing regulatory authorities to the Federal government in relation to the proposed legislative framework for addressing competence and conduct issues in the proposed federal regulatory legislation.

Sally Pairman and Susan Yorke attended and shared their experiences of working with the Health Practitioners Competence Assurance Act.

## Stakeholders

We have continued to liaise with stakeholders to discuss matters of mutual interest. These include:

- Health Regulatory Authorities of New Zealand (HRANZ)
- Health and Disability Commissioner and Deputy Commissioner
- Ministry of Health
- Minister of Health,
- District Health Boards of New Zealand
- New Zealand College of Midwives
- Nga Maia o Aotearoa
- Accident Compensation Corporation
- Tertiary Education Commission
- Institutes of Technology and Polytechnics Quality

Other conferences and forums attended included:

- The Joan Donley Midwifery Research Collaboration Forum. Council representatives gave a presentation on the new Standards for pre-registration midwifery programmes.
- NZCOM Educators' Day, where education issues of mutual interest were discussed
- The International Confederation of Midwives and International Confederation of Nurses combined regulatory conference. This was held in Yokohama and attended by Chairperson Sally Pairman.



A staff member's view of the Secretariat office in Wellington.

The ability to assist midwives who are unable to practice safely because of health issues in a supportive and constructive way, at the same time as protecting the safety of the public, is appreciated by the Council.

## WORKFORCE

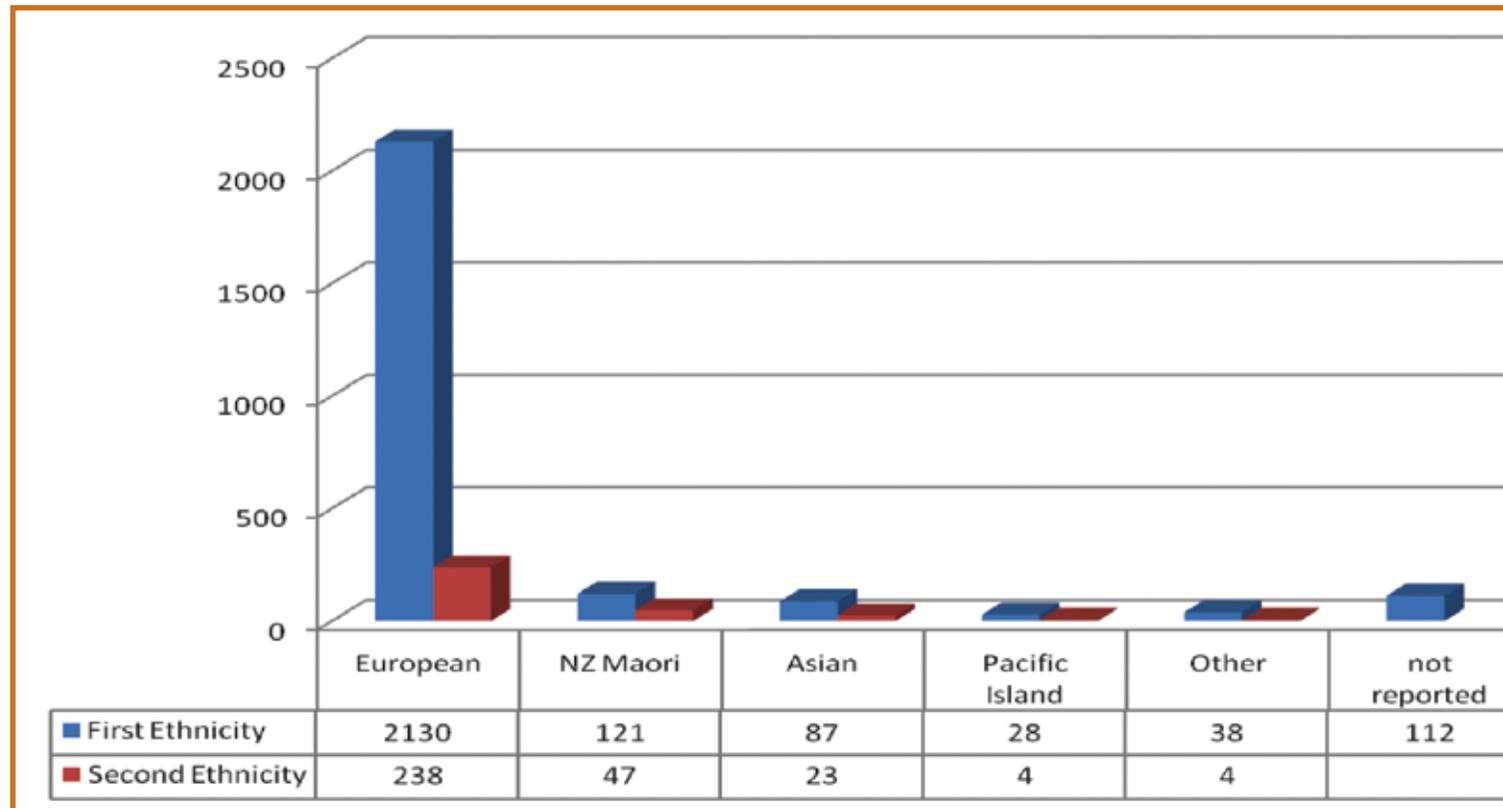
### Midwifery Workforce Annual Survey

Each year Council surveys midwives in conjunction with the practising certificate renewal process. Data is shared with the New Zealand Health Information Service (part of the Ministry of Health). The tables below are the results of the survey sent out with the annual practising certificate renewal forms in February 2007. At present Council does not record midwives' employment situation on the Register but this is likely to change in 2008/09.

*Limitations.* The survey is part of the annual practising certificate renewal process and the returns are high. The results should be representative but some midwives did not return the survey and others did not answer all questions.

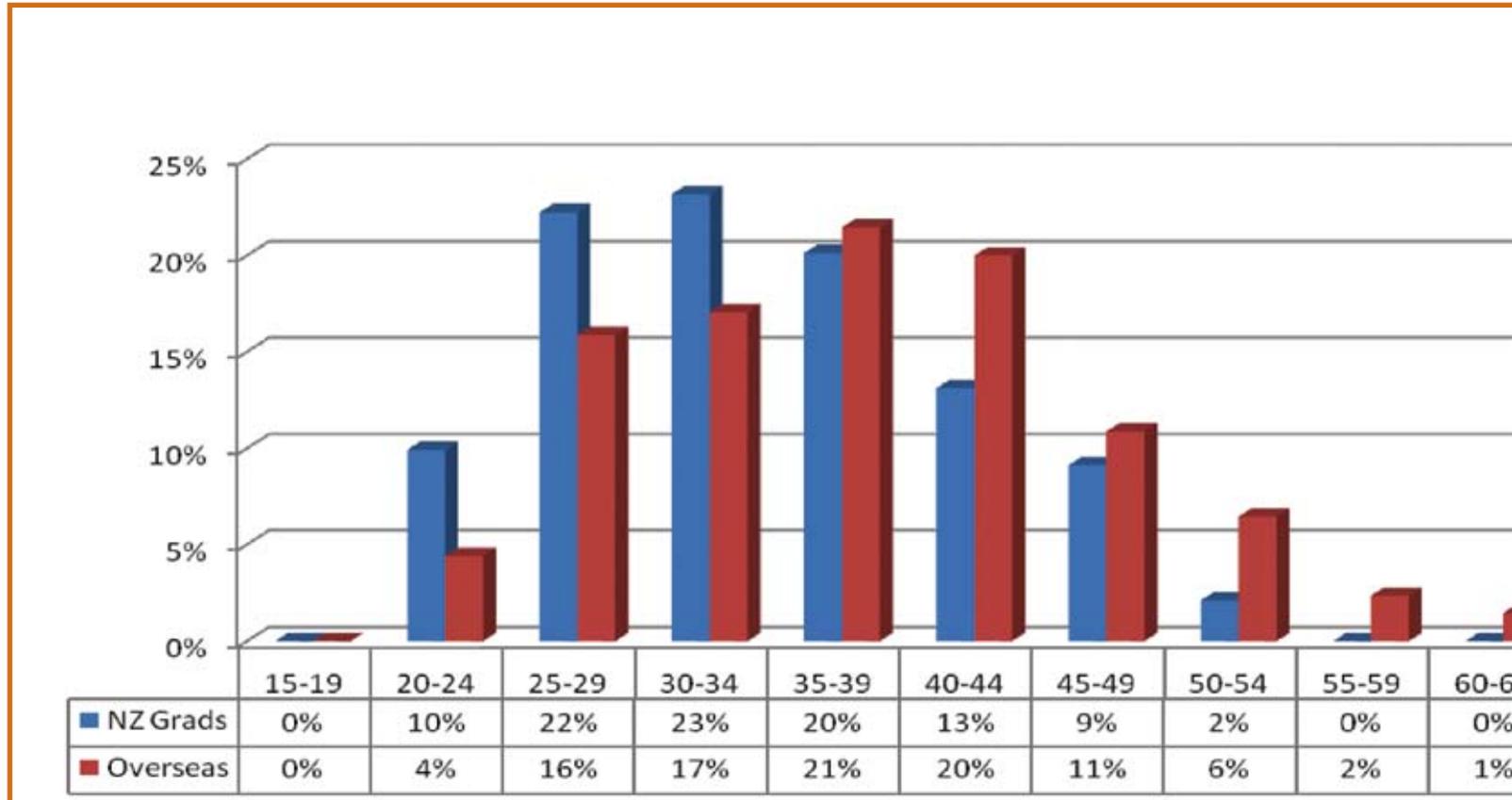
Table 8 shows the numbers for the main ethnic groupings.

Table 8: Reported ethnicity by major grouping.



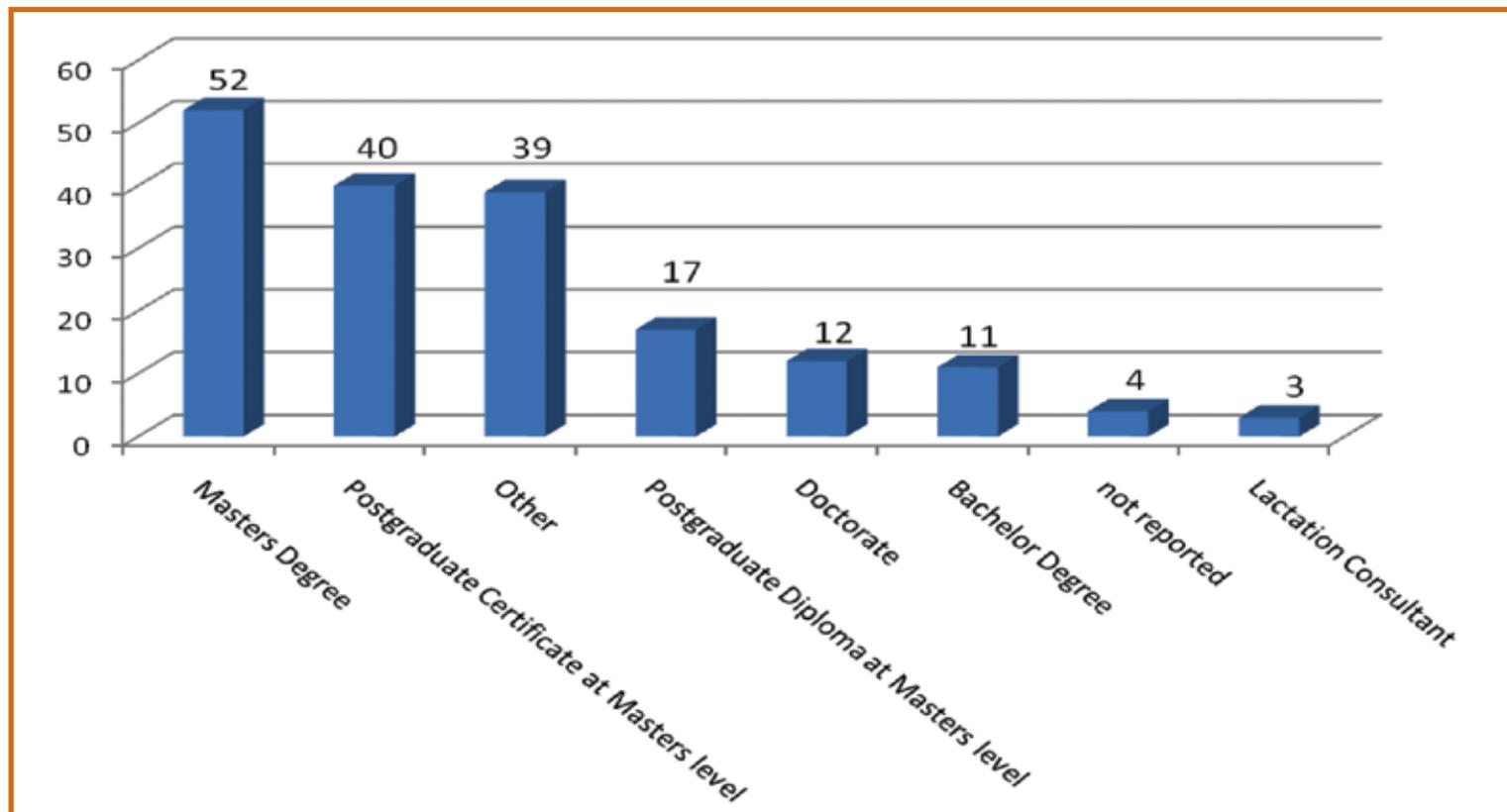
The midwifery profession in New Zealand is characterised by the number of persons entering the workforce for the first time at a late age. This is true not only for overseas trained midwives, many of whom move to New Zealand later in their careers, but also for New Zealand graduate midwives. Table 9 shows the age profile of all midwives at the time of registration for midwives registered between September 2004 and March 2008. Only 32 percent of New Zealand graduates who registered with the Council were less than 30 years old at the time of registration.

Table 9: Age profile of midwives gaining registration in New Zealand (percentage of registrations since September 2004)



In the 2007/08 survey, 215 midwives indicated that they were currently studying towards a post registration qualification. Table 10 shows the types of qualifications being sought.

Table 10: Midwives undertaking post registration qualification in 2007 - 2008



(Note: this does not include midwives who already hold pre registration and post registration qualifications).

# Governance

## Council membership

There were no changes to Council's membership during the year and the conduct of Council business has continued to benefit from the range and breadth of experience of its midwife and lay members.

## Council meetings

During the last financial year, Council held eleven two day meetings. Generally committee work was also dealt with during those times.

## Fees for Council members

Fees paid to Midwifery Council members are:

- Agreed specific tasks and teleconference meetings \$50 per hour
- Meetings - Chair \$650 per day
- Meetings - Members \$450 per day

Council members accept the daily meeting fee includes travel time and meeting preparation time. It is a matter of individual choice as to whether members charge for engagement in additional Council business outside meeting times such as report writing, media interviews, email discussions and meetings with stakeholders. Fees paid to Council members have not been increased since the Council's inception in December 2003.

Table 11: Remuneration\* received by each member for this year.

	< \$3000	\$3,001 to \$12,000	\$12,001 to \$20,000
S Pairman (Chairperson)			X
S Cole (Dep. Chairperson)		X	
S Bree		X	
R Daellenbach		X	
E Mulligan		X	
T Thompson		X	
M Timutimu		X	
H Tupara		X	
H Walker		X	

\* gross income – includes resident withholding tax for attendance at meetings, fora and conferences.

## Committee structure

There were no changes to the committee structure. At 31 March 2007 the Committees and their members are:

**Registration Committee:** Sue Bree, Rea Daellenbach, Mina Timutimu and Thelma Thompson

**Education and Audit Committee:** Helenmary Walker, Sally Pairman, Estelle Mulligan, Rea Daellenbach and Sharron Cole.

**Examination Committee:** Sue Bree, Estelle Mulligan, Thelma Thompson and Sally Pairman. (S Pairman is post-examination only).

**Health Committee:** Estelle Mulligan, Thelma Thompson, Rea Daellenbach and Sue Bree  
(This committee has fully delegated decision making power to facilitate prompt action when required)

**Finance Committee:** Sally Pairman and Sharron Cole

Council has a pool of experienced midwives nominated by the profession from which to draw as required for Professional Conduct Committees and Competence Review Panels.

## Secretariat

Staff members of the Midwifery Council at 31 March 2008 were:

Chief Executive and Registrar: Susan Yorke

Deputy Registrar: Nick Bennie

Accounts and Registration: Marilyn Pierson

Administration: Andy Crosby

Administration Assistant: Ellie Wilson

Legal Advisors: Matthew McClelland, PO Box 10242, Wellington  
Morrison Kent, PO Box 10035, Wellington  
Andrew S. McIntyre (for PCC) Terrace Chambers, PO Box 10 201, Wellington

Accountants: Taylor Associates, PO Box 11 976, Wellington

Bankers: Westpac, PO Box 691, Wellington 6011

All correspondence to the Council should be addressed to:  
Midwifery Council, PO Box 24448, Manners Street, Wellington, 6142  
Email: [info@midwiferycouncil.org.nz](mailto:info@midwiferycouncil.org.nz)  
Tel: (04) 499 5040  
Fax: (04) 499 5045



## Midwifery Council of New Zealand

# Financial Statements

For the year to 31 March 2008

**MIDWIFERY COUNCIL OF NEW ZEALAND**

**2008 FINANCIAL STATEMENTS**

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Statement of Financial Position	3
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**MIDWIFERY COUNCIL OF NEW ZEALAND**  
**STATEMENT OF FINANCIAL PERFORMANCE**  
**FOR THE YEAR ENDED 31 MARCH 2008**

	Notes	2008 \$	2007 \$
<b>REVENUE</b>			
Registration Fees		97,965	102,249
Annual Practising Certificates		1,165,279	1,355,583
Examinations		23,085	23,103
Conditions & Monitoring		10,845	9,867
Interest Income		158,528	87,368
Other Income		5,370	23,430
Forum		0	7,276
Disciplinary Levy		232,944	0
<b>TOTAL REVENUE</b>		<u>1,694,016</u>	<u>1,608,876</u>
<b>LESS EXPENDITURE</b>			
Accounting		9,028	304,434
Audit Fees		3,000	2,451
Bank Charges		10,641	15,833
NZCOM Subsidy		125,400	84,478
Council Member Fees		43,438	86,850
Committee Member Expenses		63,541	55,504
Chair Fees		650	2,800
Professional Conduct Committee Expenses		14,439	0
Conferences & Seminars		8,970	0
Catering		389	4,510
Cleaning		2,650	471
Computer Expenses		17,874	4,347
Consultants		32,924	0
Depreciation		38,047	9,261
Examination Expenses		12,381	17,380
Forum		8,067	10,144
General Expenses		4,879	8,390
Equipment Hire		6,920	2,069
Room Hire		1,529	0
Legal Fees		3,043	9,459
HPDT Costs		14,262	0
Postage & Couriers		22,467	14,029
Power		2,796	492
Printing & Stationery		46,916	35,036
Rent		47,120	16,348
Staff Recruitment		3,998	3,046
Publications		1,195	1,774
Recertification Audits		10,593	6,563
Salaries		267,880	35,030
Security		348	393
Website Maintenance		3,294	3,247
Relocation		0	26,024
Teleconferencing		1,399	168
Telephone & Internet		7,469	6,522
Travel and Accommodation		67,387	60,405
Annual Report		6,184	1,993
Indemnity Insurance		6,762	4,483
<b>TOTAL EXPENDITURE</b>		<u>917,880</u>	<u>833,934</u>
<b>NET SURPLUS/(DEFICIT)</b>		<u>776,134</u>	<u>774,942</u>

The attached NOTES form part of these Financial Statements

- 1 -



## MIDWIFERY COUNCIL OF NEW ZEALAND

STATEMENT OF MOVEMENTS IN EQUITY  
FOR THE YEAR ENDED 31 MARCH 2008

	Notes	2008 \$	2007 \$
Equity at Beginning of Year		1,108,916	333,974
Net Surplus for Year		776,134	774,942
EQUITY AT END OF YEAR		<u>1,885,050</u> =====	<u>1,108,916</u> =====

The attached NOTES form part of these Financial Statements

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## MIDWIFERY COUNCIL OF NEW ZEALAND

STATEMENT OF FINANCIAL POSITION  
AS AT 31 MARCH 2008

	Notes	2008 \$	2007 \$
<b>NON-CURRENT ASSETS</b>			
Plant, Property & Equipment	2	134,665	172,296
		<u>134,665</u>	<u>172,296</u>
<b>CURRENT ASSETS</b>			
Westpac Cheque Account		249,895	182,846
Westpac Term Deposits		2,608,547	2,155,370
Accounts Receivable		20,010	6,808
Prepayments		19,229	0
Accrued Income		35,965	11,060
TOTAL CURRENT ASSETS		<u>2,933,647</u>	<u>2,356,084</u>
TOTAL ASSETS		3,068,311	2,528,380
<b>CURRENT LIABILITIES</b>			
Accounts Payable		74,174	49,864
Accrued Expenses		19,488	4,862
GST Payable		103,847	123,647
PAYE Payable		2,756	0
Income Received in Advance		982,997	1,241,091
TOTAL CURRENT LIABILITIES		<u>1,183,271</u>	<u>1,419,464</u>
TOTAL LIABILITIES		1,183,271	1,419,464
NET ASSETS		1,885,050	1,108,916
<b>Represented By:</b>			
<b>EQUITY</b>		1,885,050	1,108,916

For and on behalf of the Council

Chairperson :  Date : 3/9/08Registrar :  Date : 3/9/08

The attached NOTES form part of these Financial Statements

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**MIDWIFERY COUNCIL OF NEW ZEALAND**  
**NOTES TO THE 2008 FINANCIAL STATEMENTS**

**1. STATEMENT OF ACCOUNTING POLICIES**

**REPORTING ENTITY**

The Council is constituted under the Health Practitioners Competence Assurance Act 2003.

These Financial Statements have been prepared in accordance with the Financial Reporting Act 1993.

The Council qualifies for differential reporting as it is not publicly accountable and is not large. The Council has taken advantage of all applicable differential reporting exemptions.

**GENERAL ACCOUNTING POLICIES**

The Measurement base adopted is that of historical cost. Reliance is placed on the fact that the business is a going concern.

Accrual accounting is used to match expenses and revenues.

There have been no changes in accounting policies. All policies have been applied on a basis consistent with those used in previous years.

**SPECIFIC ACCOUNTING POLICIES**

**ANNUAL PRACTISING CERTIFICATE INCOME**

Income is recorded progressively from 1 April in the year following receipt of fees. Prior to that it is recorded as income in advance.

**GOODS & SERVICES TAX**

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

**INVESTMENTS**

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

**INCOME TAX**

The Council has been granted Charitable Status by the Inland Revenue Department. Therefore, under exemption CW34(1)(b) of the Income Tax Act 2004 the Council is exempt from Income Tax.

**PLANT, PROPERTY & EQUIPMENT**

Fixed Assets are shown at original cost less accumulated depreciation. Depreciation has been calculated over the expected useful life of the Assets.

Computer Equipment	25.0%	Cost Price
Office Equipment	13.0% - 33.0%	Cost Price
Furniture & Fittings	12.5% - 33.0%	Cost Price
Leasehold Improvements	20.0%	Cost Price

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**MIDWIFERY COUNCIL OF NEW ZEALAND**  
**NOTES TO THE 2008 FINANCIAL STATEMENTS**

**2. FIXED ASSETS**

	Cost	Depreciation 2008	Accumulated Depreciation	Book Value 2008
	\$	\$	\$	\$
Computer Equipment	116,557	27,473	42,382	74,176
Office Equipment	13,555	2,377	2,714	10,842
Furniture & Fittings	49,425	6,242	7,264	42,161
Leasehold Improvements	9,765	1,953	2,278	7,486
	-----	-----	-----	-----
	189,302	38,047	54,638	134,666
	=====	=====	=====	=====

	Cost	Depreciation 2007	Accumulated Depreciation	Book Value 2007
	\$	\$	\$	\$
Computer Equipment	114,880	7,623	14,908	99,972
Office Equipment	14,772	335	335	14,437
Furniture & Fittings	49,425	977	977	48,448
Leasehold Improvements	9,765	326	326	9,439
	-----	-----	-----	-----
	188,842	9,261	16,546	172,296
	=====	=====	=====	=====

**3. OPERATING LEASE COMMITMENTS**

The Council commenced a five year lease for premises on Level 2, Alan Burns Insurances House, 69-71 Boulcott Street, Wellington on 1 December 2006. There were also leases taken out for office equipment.

Operating leases are those for which all the risks and benefits are substantially retained by the lessor. Lease payments are expensed in the periods the amounts are payable. The lease commitments are as follows:

	2008	2007
	\$	\$
Due in 1 year	53,089	53,089
Due between 1-2 years	53,089	83,089
Due between 2-5 years	99,087	136,470

**4. RELATED PARTY TRANSACTIONS**

There were no transactions involving related parties during the year, other than those already disclosed elsewhere in these Financial Statements.

**5. CONTINGENT LIABILITIES AND CAPITAL COMMITMENTS**

There were no contingent liabilities and capital commitments at balance date [2007: Nil].

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**AUDIT REPORT**  
**TO THE READERS OF**  
**MIDWIFERY COUNCIL OF NEW ZEALAND**  
**FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2008**

The Auditor-General is the auditor of the Midwifery Council of New Zealand (the Council). The Auditor-General has appointed me, Robert Elms, using the staff and resources of Martin Jarvie PKF, to carry out the audit of the financial statements of the Council, on his behalf, for the year ended 31 March 2008.

**Unqualified Opinion**

In our opinion, the financial statements of the Council on pages 1 to 5:

- comply with generally accepted accounting practice in New Zealand; and
- fairly reflect:
  - the Council's financial position as at 31 March 2008; and
  - the results of its operations for the year ended on that date.

The audit was completed on 3 September 2008, and is the date at which our opinion is expressed.

The basis of our opinion is explained below. In addition, we outline the responsibilities of the Members of the Council and the Auditor, and explain our Independence.

**Basis of Opinion**

We carried out the audit in accordance with the Auditor-General's Auditing Standards, which incorporate the New Zealand Auditing Standards.

We planned and performed the audit to obtain all the information and explanations we considered necessary in order to obtain reasonable assurance that the financial statements did not have material misstatements, whether caused by fraud or error.

Material misstatements are differences or omissions of amounts and disclosures that would affect a reader's overall understanding of the financial statements. If we had found material misstatements that were not corrected, we would have referred to them in our opinion.

The audit involved performing procedures to test the information presented in the financial statements. We assessed the results of those procedures in forming our opinion.

Audit procedures generally include:

- determining whether significant financial and management controls are working and can be relied on to produce complete and accurate data;
- verifying samples of transactions and account balances;
- performing analyses to identify anomalies in the reported data;
- reviewing significant estimates and judgements made by the Council;
- confirming year-end balances;
- determining whether accounting policies are appropriate and consistently applied; and
- determining whether all financial statement disclosures are adequate.

We did not examine every transaction, nor do we guarantee complete accuracy of the financial statements.

We evaluated the overall adequacy of the presentation of information in the financial statements. We obtained all the information and explanations we required to support our opinion above.

**Responsibilities of the Members of the Council and the Auditor**

The Members of the Council are responsible for preparing the financial statements in accordance with generally accepted accounting practice in New Zealand. The financial statements must fairly reflect the financial position of the Council as at 31 March 2008 and the results of its operations for the year ended on that date. The Members of the Council's responsibilities arise from the Health Practitioners Competence Assurance Act 2003.

We are responsible for expressing an independent opinion on the financial statements and reporting that opinion to you. This responsibility arises from section 15 of the Public Audit Act 2001 and section 134(1) of the Health Practitioners Competence Assurance Act 2003.

**Independence**

When carrying out the audit we followed the independence requirements of the Auditor-General, which incorporate the independence requirements of the Institute of Chartered Accountants of New Zealand.

Other than the audit, we have no relationship with or interests in the Council.



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

## Midwifery Council additional notes to the Financial Statements

### REVENUE

#### *Annual Practising Certificates*

As reported in last years' annual report, fees for the 2007/2008 year were already set when the Regulations Review Committee completed its report into the complaint made in 2005. The fee for an annual practising certificate therefore remained the same as for the 2006/07 year. In November Council resolved to reduce the fee for the 2008/09 year. Council will prepare a 5 year budget to assist in reducing the accumulated reserves in an equitable way.

#### *Disciplinary levy*

Following the recommendation of the Regulations Review Committee Council earmarked a portion of the total income as a disciplinary levy to be used for disciplinary purposes although no levy was formally gazetted. A disciplinary levy will be formally gazetted each year in future.

### EXPENDITURE

#### *Accounting*

The figure for 2007 includes the service fee paid to Registration Boards Secretariat Limited for administration, accounting services and staff.

#### *NZCOM subsidy*

The Midwifery Council subsidises the cost of every midwife's Midwifery Standards Review. Council contracts with the New Zealand College of Midwives (NZCOM) to conduct the Reviews.

#### *Council member fees and committee member expenses*

The disparity in Council member fees and Committee member expenses (fees) between the two years reflects different costs allocations between the secretariat's present system and that provided by Registration Boards Secretariat Ltd.

#### *Consultants*

Consultants were engaged to assist with analysis and reporting in relation to consultations over fees, the review of the Recertification Programme and the proposed Second Scope of Practice. Similar work had been carried out by Council members themselves in previous years.

***Postage and couriers/printing and stationery***

The increased costs compared to that for the year ending 31 March 2007 reflects the increase in activities such as consultations and auditing in relation to recertification.

***Rent***

Rent for the year ending 31 March 2007 was for a part year only.

***Salaries***

Salaries for the year ending 31 March 2007 were for a part year. Previously salaries had been paid by Registration Boards Secretariat Limited and were included in the service fee.



### **COUNCIL CONTACT DETAILS**

All correspondence to the Council should be addressed to:

The Registrar

Midwifery Council

PO Box 24448

Wellington, 6142

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

Tel: (04) 499 5040

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