



Te Tatau o te Whare Kahu  
midwifery council  
of new zealand

ANNUAL REPORT OF THE  
MIDWIFERY COUNCIL OF NEW ZEALAND

to Minister of Health  
For the year ended 31 March 2010



**MEMBERS OF THE MIDWIFERY COUNCIL OF NEW ZEALAND 2009/10**

From left: Dr Lee Mathias, Andrea Vincent, Annette Black, Dr Judith McAra Couper, Sharron Cole, Sue Bree, Korina Vaughn, Dr Sally Pairman



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**REPORT TO THE MINISTER OF HEALTH**

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



## Council's mission:

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

## Council values:

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



## Strategic Planning

During the year the Council identified its strategic direction, goals and consequent work plan for the period 2009 to 2011. The five strategic principles and their goals are:

1. **A capable midwifery workforce.**

Goals:

- a) Ensure midwives are fit to practise (effective communicators, honest, act with integrity, healthy, ethical)
- b) Increase professionalism amongst midwives and ensure that midwives continue to demonstrate competence and accountability

2. **Appropriate midwifery education.**

Goals:

- a) Approve, implement, monitor and audit pre-registration midwifery education
- b) Promote, approve and monitor post-graduate and post-registration midwifery education

3. **Sustainable midwifery workforce**

Goals:

- a) Work with other stakeholders to ensure there is a sufficient and appropriately educated midwifery workforce to meet maternity service demands
- b) Work with other stakeholders to ensure that the maternity service environment attracts and retains midwives

4. **Sustainable Midwifery Council and Secretariat**

Goals:

- a) Reduce our carbon footprint
- b) Provide cost effective, efficient and sustainable regulatory functions

5. **Accountability to public and stakeholders**

Goals:

- a) Develop policy and processes in a transparent and consultative manner
- b) Share relevant information with stakeholders



## 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 at 31 March 2010



**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 February 2010 for a third term which ends in mid 2011. Sally was awarded membership of the NZ Order of Merit for services to midwifery in the 2008 Queens Birthday Honours. Sally lives in Dunedin with her husband and two sons.



**Sharron Cole**, QSO, MA, Dip Ed, DipCEd, Deputy Chair

Sharron Cole is a consumer member of the Council, having been active in maternity issues since the early 80s. At 31 March 2010 she is the Director of the Wellington Catholic Education Centre, 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 third term which ends December 2010.



**Sue Bree**, RGON, NZRM

Sue Bree has been a member of Council since it was established in 1993 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 reappointed for a third term which ends in September 2010.



**Korina Vaughn**, RComp, RNZM Ngati Hako, Ngati Maru

Korina Vaughn is married with 4 children who are of Samoan and Maori descent. Korina and her family live in Huntly her children attend a local total immersion Kura Kaupapa. Korina completed her Registered Comprehensive Nurse training in 1992. She then worked as a Practice Nurse at Waahi Marae in Huntly for two years. In 1994 she began her midwifery training and in 1995 registered as a Midwife. Korina has worked in a variety of clinical midwifery settings but predominantly as a self employed midwife in Huntly and the surrounding districts. Korina is currently employed as the Clinical Manager of Birthcare Huntly and she continues to carry a small caseload to maintain midwifery competencies. Her term began end in September 2009 and ends in September 2012.



**Dr Lee Mathias**, DHSc, MBA, BA, RGON

Dr Lee Mathias is an experienced director and manager in health services including time as the Principal Nurse at Middlemore Hospital, GM Strategic Planning for Auckland Healthcare. Lee was the founding director of Birthcare, NZ's largest provider of primary maternity services to the public sector. Lee has a BA (Soc.Sci.) from Massey University and an MBA from University of Auckland. Her doctoral subject is decision-making in governance in NZ public healthcare services. Dr Mathias has directorships in diagnostic, maternity and disability enterprises. She is an accredited Fellow of the IODNZ. Lee was appointed for a three year term in September 2009.



**Annette Black**, MA, Did Ed Stud, Dip Tchg, MBA

Annette Black was appointed a consumer member for a three year term in October 2009. She began her career as a history teacher in secondary schools in Wellington, Invercargill and Tawa before joining the New Zealand Law Society as its Director of Education in 1983. In 1987 she was appointed Deputy Executive Director and held both positions concurrently until her retirement in 2005. Since then she has continued to work with the Society as a consultant. She assisted with the implementation of the Lawyers and Conveyancers Act which came into force on 1 August 2008 and is currently working on a competency assurance scheme for lawyers. She is a Trustee of the NZ Law Foundation, and of the Douglas Wilson Scholarship Trust, and is a Director of New Zealand Continuing Legal Education Ltd. Annette has been appointed for a three year term until September 2010. She lives in Wellington and is married with two adult children and four grandchildren.



**Dr Judith McAra-Couper, PhD, BA, RM, RGON**

Judith McAra-Couper has worked as a midwife both in New Zealand and overseas. Judith is a midwifery lecturer at Auckland University of Technology. She teaches in the midwifery programme and until recently held a joint appointment at Counties Manukau as a clinical midwifery educator in the birthing unit. In 2009 Judith was awarded a post doctoral scholarship which she took up in 2010, focusing on midwifery and women's health research. Judith has also been involved since 2009 with the World Health Organisation in Bangladesh; she is also the chairperson of the Auckland region of the New Zealand College of Midwives. Judith lives in Auckland with her partner and two cats. Judith was appointed in February 2010 for an eighteen month term.



**Andrea Vincent, RGON, RM**

Andrea has worked as a midwife in a variety of settings in New Zealand and overseas. She has worked as a self-employed case-loading midwife in Nelson since 1993, covering rural and urban areas, home and hospital births. She is currently chairperson of the Nelson- Marlborough region of the New Zealand College of Midwives. Andrea lives in semi-rural Nelson, with her husband and two teenage children. Her term began in February 2010 and will end in February 2013.



## Chairperson's Foreword

Tēnā Koutou Katoa.

Kia Kotahi Kī. He whakataukī e tohu ana kia u tātou i roto i te whakaaro kotahi.

This report highlights the Council's activities since 1 April 2009 to 31 March 2010 and it marks the fifth full year of Midwifery Council responsibility for midwifery regulation in New Zealand. Once again, the report records a very busy year as midwife numbers increase and the Council implements and further consolidates its policies and processes.

### New education standards

As reported last year, the first pre-registration midwifery education programme to be delivered under the Council's new education standards commenced in late January 2009 as a jointly-owned and delivered programme through Otago Polytechnic and Christchurch Polytechnic Institute of Technology. There was delay in receiving the new programme documents from AUT, WINTEC and Massey University but eventually the Council was able to carry out its approval and accreditation processes for the programmes submitted by AUT and by Wintec. Both were approved for commencement in 2010. However, while the Institutes of Polytechnic Quality (ITPQ) also approved WINTEC's programme, the Committee on University Academic Programmes (CUAP) initially did not approve AUT's programme. It was not until further negotiation took place between AUT and CUAP that AUT's programme was also approved for commencement in 2010.

In the meantime, Massey University staff decided not to submit Massey's programme document for Council approval and accreditation as they had been informed that on the basis of information before the Council it would not meet at least one of the standards. In July Massey University staff

advised the Council that it would not be providing midwifery education in 2010 and later advised that it was withdrawing from the provision of midwifery education. Students currently enrolled at Massey University would be enabled to complete the programme. This news meant that there was a risk of no access to midwifery education to prospective students in the lower North Island and the Council sought assistance from the other midwifery schools. After some negotiation, the other providers agreed that Otago Polytechnic would deliver its programme into the lower North Island. This programme began in late January 2010 with groups of students based in Whanganui, Palmerston North and Wellington.

The successful implementation of new pre-registration programmes across New Zealand has been a highlight for the Council this year. The new standards ensure more standardised midwifery curricula and all midwifery schools have developed education delivery models that have improved access to students living outside of the main centres. This in turn has led to an increase in midwifery student numbers that will benefit the workforce from 2012.

### Midwifery workforce

This year the numbers of midwives in practice is the highest recorded. Fewer midwives have stopped practising and more midwives have returned to practice. This may partly be a result of the economic recession but may also reflect better support of the profession through the recertification programme and the consequent increase in continuing education opportunities for midwives, the Council's individualised



approach to return to practice programmes, and the government funding support for postgraduate courses in complex care and the very successful Midwifery First Year of Practice programme. While the Council is improving its registration processes for overseas midwives and providing specific information for midwives about the realities of midwifery practice in New Zealand, this year has seen a decrease in reliance on overseas midwives as New Zealand midwife numbers increase. The ability to meet our own workforce requirements without dependence on overseas midwives is now possible if the pre-registration midwifery programmes continue to attract high numbers of students. However this relies to a large extent on midwives feeling safe and supported in their work and government initiatives such as funding for the Midwifery First year of Practice programme and postgraduate education demonstrate the value of the profession. The Council takes its role in ensuring a safe and competent workforce seriously and recognises the importance of this in helping to maintain workforce numbers. We hope that the release of our midwifery workforce report will inform wider policy decisions about the midwifery workforce.

### **The Council and Secretariat**

This year saw a significant change in membership of the Council. After six years on the Council, Mina Timu Timu, Helen-Mary Walker and Rea Daellenbach all ended their terms in August 2009. In February 2010 Thelma Thompson and Estelle Mulligan ended their terms. These members were replaced by Korina Vaughan, Annette Black and Lee Mathias in August and Judith McAra-Couper and Andrea Vincent in February. Mina,

Helen-Mary, Rea, and Thelma were all inaugural members of the Council and made a tremendous contribution to the work of establishing the Council and all its regulatory processes. Mina provided quiet guidance and support to us on our cultural journey, encouraging us all to learn our mihi mihi and to sing waiata (now part of our Council meetings). She also worked hard to ensure that the Council's processes are culturally appropriate for all midwives. Helen-Mary contributed her considerable knowledge of midwifery practice in the primary maternity sector to our work as well as her significant expertise in breastfeeding. Her thoughtful, informed and practice-based perspective was essential to Council's deliberations. Rea, as a lay member and as an educator ensured that the public safety focus of the Council's work was always to the forefront and she also contributed much to the development of our education standards and policies. Thelma contributed her knowledge and experience of midwifery practice in the secondary/tertiary District Health Board context and this was also essential to our work. Estelle made an important contribution bringing her experience as a Maori midwife and from a provincial DHB. The Midwifery Council has been extremely fortunate to have such a high calibre of members as we found our feet as a new regulatory authority. On behalf of all midwives, I thank these women for the tremendous work they have done over these last six years and for their commitment and generosity to midwifery and to women and their babies.

I also want to welcome all our new members who I know will work equally hard in the interests of a safe and competent midwifery workforce. Sue



Bree, Sharron Cole and myself are the remaining three inaugural members still on the Council and it is our task now to pass on what we have learned and to support the new members in getting to grips with the Council's work.

This of course will be made easier by the knowledge and expertise of our excellent secretarial staff who work unstintingly in the interests of the public safety and make sure that all Council decisions and processes are implemented. The secretariat is ably led by Susan Yorke, the CE and registrar. Thank you to Susan, Nick Bennie, Sue Calvert, Marilyn Pierson, Andy Crosby and Georgia Duke for all your hard work over this past year.

Thank you also to Sharron Cole, the deputy chair and chair of the Professional Conduct Committee and to Sue Bree as chair of the health committee for their commitment and energy. 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.

Na reira tenei te mihi kia koutou katoa.

Kia kaha kia maia kia manawanui.

Na Sally.

SALLY PAIRMAN  
CHAIRPERSON



## Chief Executive's review

The year has been another busy one with full Council agendas at all meetings. As the Council has consolidated its role over the past six years, the secretariat's work has correspondingly increased. In December we welcomed a new full time staff member Georgia Duke as our Administrator. Georgia's position replaced a part time one held by Ellie Wilson, bringing the number of full time staff to six with two other staff employed on a casual basis.

One of the strategic goals of the Council and its secretariat is that we provide cost effective, efficient and sustainable regulatory functions.

The year was characterised by improvements to processes. We commenced the planned second phase of our Information Technology system development. Key objectives of the second phase are to provide midwives with the ability to make online applications, and online payments, to provide the capability for workforce survey information to be collected and collated electronically and to provide database enhancements to streamline office functions.

The first phase of the development related to providing for on line registration, setting up the facility for online payments, allowing midwives to check and amend some of their own personal details and to upgrade the look, capability and manageability of the website including facilitating online newsletters. The second stage will make it possible for some midwives to apply online for annual practising certificates. The third stage will allow midwives to record their recertification activities as part of their personal data and also allow education providers to provide details of course participants with the data being recorded against the relevant midwife in the Register database. At present this time consuming but important work, which is about ensuring midwives engage in the Recertification Programme, is done manually. Phase 1 of the development created an additional workload for the secretariat especially around defining the detailed specifications to meet our requirements.

At year end, stage 1 is in progress with completion and 'go live' for the new look website expected in July. The website will be much easier to navigate and include a search function.

This year the Council established a "sorting committee" to make better use of the Council's time at Council meetings. This committee makes an initial analysis of referrals from the Health and Disability Commissioner and notifications from DHBs and other health practitioners that are related to competence and makes recommendations back to the full Council. This assessment work is not delegated to the secretariat.

Policies and processes have regular review dates but we also use an iterative process for adding details which enhance clarity and fairness.

During this year we:

- added to our guidelines for competence supervisors to provide more detail about what is expected of supervisors in that role in order to better support them in this important and sometimes challenging role
- added to our professional standards processes so that all midwives with competence, health or conduct issues that will be investigated by the Council or its Professional Conduct Committee are asked whether they have special needs in terms of cultural support or any other cultural considerations that need to be taken into account
- added more detail to policy for dealing with complaints & notifications about midwives. These additions articulate and formalise how the Council decides whether a complaint relates to competence or conduct, the criteria for Council to use when considering whether a risk of serious harm exists and the various processes and issues in addressing these complaints
- agreed that service expectations would be added to policies and processes as they are reviewed



The Council also adapted the HRANZ Guidelines on Transmissible Blood-borne Infections to make them appropriate for midwives and adopted these guidelines as policy.

Another of the Council's strategic goals is to share relevant information with stakeholders. The Health Regulatory Authorities of New Zealand Group (HRANZ) provides a useful forum for exchanging information and collaborating on mutually beneficial work. I continued to actively engage with HRANZ as the chairperson of the Operational Group which comprises the Chief Executives and/or Registrars of all the health regulatory authorities.

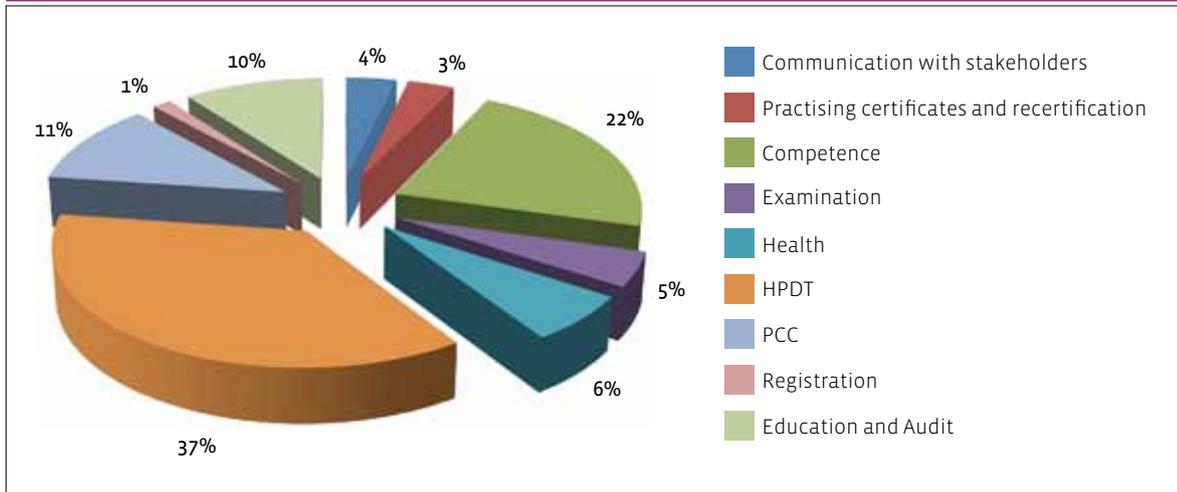
One feature of the Midwifery Council has always been the good working relationship between the Council members and the secretariat staff, both individually and collectively. It is pleasing that has continued this year with the new Council members. I consider myself fortunate to have had the opportunity to work for an effective Council with strong leadership. The Council is well supported by the staff whom I thank for their hard work and continued commitment to the work of the secretariat.

**SUSAN YORKE**  
CHIEF EXECUTIVE AND REGISTRAR



## Facts at a glance

Table 1 - Summary of expenditure - 2009 to 2010



At 31 March 2010, 2903 midwives held practising certificates for the 2009/10 year.

187 midwives were registered during the year:

- 126 New Zealand graduates
- 10 from Australia
- 51 from other countries

60% of practising midwives were 45 or older, 24% of all practising midwives were 55 or older.

39.4% of midwives said caseloading was their primary type of work; 48.0% of midwives said working in a core facility was their primary type of work.



## Scope of Practice and Competencies

### **Our responsibilities are:**

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

### **Code of Conduct**

When the Midwifery Council was established, the New Zealand College of Midwives had already developed a Code of Ethics and the Council incorporated this in defining the required standard of competence and the skills knowledge and attitudes which comprise best practice. In dealing with complaints and other business which comes before the Council, it became clear that a Code of Conduct would also be appropriate to provide specific guidance as to conduct.

Work commenced on preparing a Code of Conduct and as at 31 March it is about to be sent to the profession and other stakeholders for consultation.

### **Statement on Cultural Competence**

In its annual report for the year ending 31 March 2008, the Council reported that it had identified Midwifery Partnership, Cultural Safety and Turanga Kaupapa as three integrated frameworks for cultural competence of midwives. The Competencies for Entry to the Register of Midwives were amended to require midwives to incorporate these three frameworks into midwifery practice, thereby integrating cultural competence with overall midwifery competence. To assist midwives' understanding of cultural competence the Council has this year begun development of a statement on cultural competence. The statement will explain how culturally competent midwives must draw on the three frameworks of Midwifery Partnership, Cultural Safety and Turanga Kaupapa in building and maintaining relationships with their clients. The Council will consult the profession on the draft statement of Cultural Competence next year.



## 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

As reported last year, Christchurch Polytechnic Institute of Technology (CPIT) and Otago Polytechnic were the first two tertiary education institutions to gain approval and accreditation under the Council's new education standards for their jointly owned pre-registration midwifery programme. The programme commenced in late January 2009 and the first graduates are expected to join the midwifery workforce in early 2012.

Following this approval the Council expected that it would receive programmes for approval and accreditation from the other current providers of midwifery education, Auckland University of Technology (AUT), Massey University and Waikato Institute of Technology (WINTERC). The Committee on University Academic Programmes (CUAP) initially did not approve AUT's programme and it appeared CUAP had a philosophical difference of opinion relating to the new programme's extended three year format. Despite this, the Midwifery Council carried out its approval and accreditation process in October, approving the programme and accrediting AUT as an education provider for midwifery undergraduate education. In the meantime AUT successfully appealed CUAP's decision and AUT's "Bachelor of Health Science (Midwifery)" was finally approved late in 2009. The Council was pleased that despite this late approval AUT's School of Midwifery was able to offer the new programme for the 2010 intake of students. AUT's programme is delivered over an academic year that runs from March to March. Its first graduates are expected to enter the workforce in April/May 2013. WINTERC was also successful in its application for accreditation and approval of its new programme and it commenced in February 2010 with its first graduates expected in early 2013.

The Midwifery Council will be altering the date of its National Midwifery Examination in order to fit in with the later completion date of programmes that results from the extended academic year required by the Council.

In June, Massey University submitted its proposed structure for its four year programme. The Council informed Massey University staff that the proposed structure would not meet at least one standard and asked if the university wished to proceed with the full approval and accreditation process by submitting its programme document. Massey University decided not to bear the cost of the approval and accreditation process knowing that its programme would be declined on at least one standard and shortly thereafter advised the Council that it would not continue to offer pre-registration midwifery education once its current students have completed the existing programme in December 2011. The Council was initially concerned that there would be no pre-registration midwifery education provider in the greater Wellington region and it sought assistance from the other providers, AUT, WINTERC, CPIT and Otago Polytechnic, in filling this gap in provision. The Council was pleased that following a collaborative meeting late in the year between representatives of the other providers, they agreed that Otago Polytechnic would offer the new programme in the Wellington region. Otago Polytechnic commenced delivery of its programme into the lower North Island in late January 2010 with some 38 midwifery



students based in Palmerston North, Whanganui and Wellington. The current Massey students will have completed their midwifery programme by November 2011.

The Council sought information from the midwifery schools about projected midwifery student and graduate numbers. Each school reported increased student numbers as a result of the increased access for students as required in the Council's new education standards. There is good evidence that sufficient numbers of new graduate midwives will be entering the workforce from 2012/2013 to reduce major workforce shortages and if appropriate distribution of midwives across New Zealand can also be achieved the midwifery workforce should be stable for the near and medium term future.

### Monitoring of Schools of Midwifery

The Council continued to monitor the pre-registration midwifery programme delivered by Waikato Institute of Technology (WINTERC) following the Council's review in 2006. It was apparent that ongoing monitoring was worthwhile and WINTERC demonstrated a number of improvements to its processes. However not all the issues had been addressed at the time that WINTERC's new programme was approved and the Council sought and obtained assurance from WINTERC that the concerns revealed during the 2006 review will also be addressed in the delivery of the new programme. The Council will continue to monitor WINTERC through a shared process with the Institutes of Polytechnic Quality (ITPQ) as per the terms of its Memorandum of Understanding with ITPQ.

### National Midwifery Examination

A pass in the National Midwifery Examination is one of the requirements for entry to the Register of Midwives. In November 2009, 117 out of 119 candidates were successful. In March 2010, all 13 candidates attained a pass. The success rates for each School of Midwifery for 2009/10 are shown in Table 2.

Table 2: National Midwifery Examination passes

	Number sitting	Number passed	% passed
AUT	38	38	100
WINTERC	30	30	100
Massey (PNth)	9	9	100
Massey (Wgtn)	20	18	90
CPIT	24	24	100
Otago	11	11	100

### Preceptor Courses

The 2007 education standards require all midwives who precept pre-registration students, to complete an approved preceptor programme within one year of commencing in the role, with this requirement to be phased in from 2009. In June, the Council identified the difference between preceptoring and mentoring; "preceptoring" relates to midwives' teaching and supervising midwifery students while "mentoring" relates to midwives supporting midwifery colleagues. The Council set out the generic principles it wishes to see covered in preceptor courses and invited schools of midwifery and DHBs to develop and



provide such programmes. Midwives may undertake any preceptor course they wish providing it meets the principles. The Council allocated points for preceptor courses of varying length for the purposes of recertification elective education. It also advised the Schools of the Midwifery of its expectation that schools will facilitate specific midwifery preceptor programmes for the midwives who undertake the preceptor role for their students.

The generic principles for preceptor courses are:

- 7 Defining preceptoring including, who, what, professional responsibilities and accountability
- 7 Principles of adult learning
- 7 Learning styles in the acquisition of midwifery practice skills
- 7 Principles of teaching including appropriate supervision of the student's clinical practice
- 7 Planning a learning experience
- 7 Negotiating expectations
- 7 Giving and receiving feedback
- 7 Clinical assessment
- 7 Conflict resolution skills
- 7 Communication skills
- 7 Reflective practice (i) assisting student to develop reflective practice skills (ii) reflecting on personal practice as a midwifery preceptor
- 7 Specifics re the relevant midwifery education programme and courses
- 7 Communication processes with Schools of Midwifery

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

Sally Pairman represented the Council on the Clinical Training Agency (CTA) Expert Advisory Group which developed the Midwifery First year of Practice programme (MFYP) for implementation in 2007 and the Council has continued to take an interest in the results of this voluntary and highly successful programme. In 2009-2010 93% of new graduates applied for and were accepted into the MFYP. Four withdrew before the programme commenced and three did not complete the programme (for personal reasons). There was a 93% completion rate. The CTA reviewed the MFYP in 2009 and made minor changes to the specifications. Sally Pairman again represented the Council on the Expert Advisory Group.

### **Competence Programmes for overseas qualified midwives**

Early in the year, the Council commenced a review of the competence programme for overseas qualified midwives. Nearly all such midwives are required to undertake this programme which addresses aspects of midwifery practice which are unique to New Zealand. The review was stimulated by informal feedback from individual midwives and from the New Zealand College of Midwives that there were long delays in marking course work by some providers and that there was lack of national consistency. In addition there were midwives from some countries such as the United Kingdom who were not competent in assessing the newborn baby as that was not a competency required in some UK midwifery programmes.



As a result of this review undertaken by an external reviewer, the need for two additional components were identified, a cultural competence course based on the three frameworks described earlier in this report, and a course on examination of the newborn, being required unless applicants for registration can provide evidence of competence in this area. The new Overseas Midwives Competence Programme will therefore include the following components:

- 7 NZ Midwifery and Maternity Systems
- 7 Pharmacology & Prescribing
- 7 Assessment of the Newborn
- 7 Treaty of Waitangi
- 7 Cultural Competence

The course on New Zealand Midwifery & Maternity Systems was re-vamped to focus on midwifery partnership, scope of practice, relevant legislation, the maternity system, Section 88, the referral guidelines, the role of the New Zealand College of Midwives and of the Council and professional requirements for recertification. The previous content on cultural safety was removed and placed in the new course on cultural competence.

The Pharmacology and Prescribing course was updated by midwifery educators on the basis of current evidence. The Treaty of Waitangi workshop was prescribed as a minimum one day workshop rather than two days.

The Council has provided the course outlines to the schools of midwifery and asked that individual schools develop online courses that meet the course outline requirements. Assessments are to be completed online. Courses must be approved by the Council before being delivered. In this way Council expects that the courses will be more accessible and consistent and that overseas midwives will be able to complete these within the required time frame.

The Overseas Registration Policy was amended to allow a 24 month period in which to complete the requirements of the revised Programme taking into account it comprises an additional paper. This is to take effect from 1 July 2010.



## 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
- Improvements to process

During the year, we reviewed various aspects of the registration process. As part of development of our IT system and website to allow on line applications to be made (referred to in the Chief Executive's review), the Council obtained assistance from a professional designer to make all its registration application forms including supporting documentation more user friendly and straightforward. Although phase 1 of the website development is still in progress at the end of March, paper versions of the new designs are in already in use.

The Council continued to engage in activities related to its strategy to assist in recruitment and retention of overseas-qualified midwives. Two overseas-qualified midwives who had practised in New Zealand for a short time agreed to describe on camera their experiences concerning the Council's registration process and the differences in midwifery practice they found between the UK and New Zealand. Two MP4s (audio visuals) were created and placed on the Council's website with the aim of assisting overseas-qualified midwives to better understand what they can expect when they come to New Zealand to work as midwives.

As part of their application for registration, overseas-qualified midwives are required to make a self assessment of their own skills, knowledge and attitudes against the Competencies for Entry to the Register. This process was simplified and made more straightforward without compromising effectiveness by development of a summarised version of the Competencies in a template form.

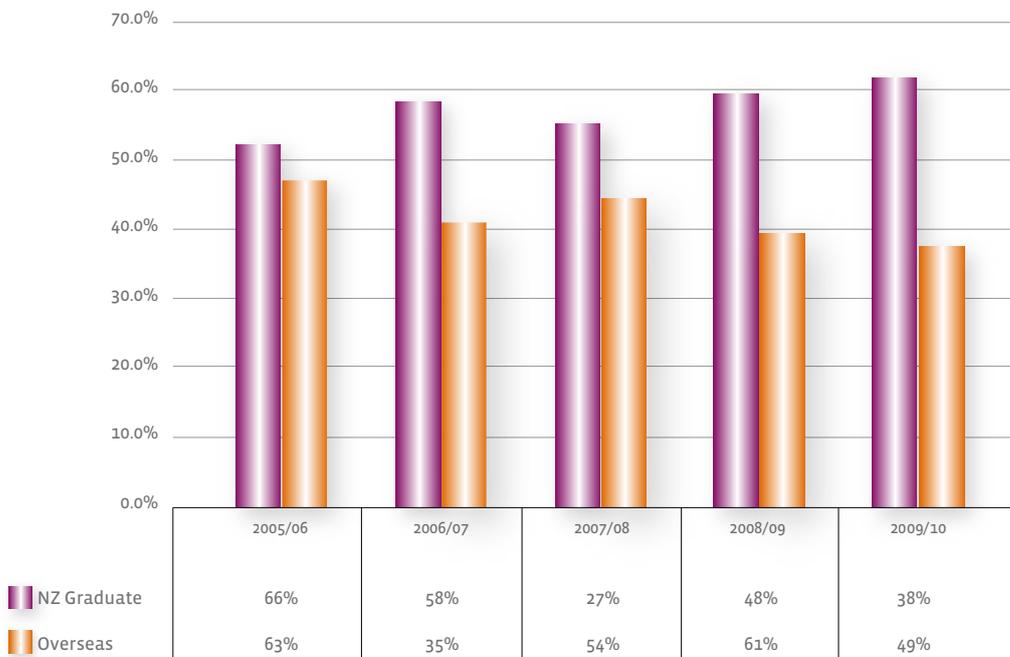
**Table 3: Number of Midwives registered between 1 April 2009 and 31 March 2010 with comparisons with previous years**

Type/Year	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010
New Zealand midwifery graduates	103	108	109	107	126
Australian entitled under TTMRA*	11	7	17	11	13
Other overseas trained	82	69	71	60	63
<b>Total</b>	<b>196</b>	<b>184</b>	<b>197</b>	<b>178</b>	<b>202</b>

\* Trans Tasman Mutual Recognition Act 1997

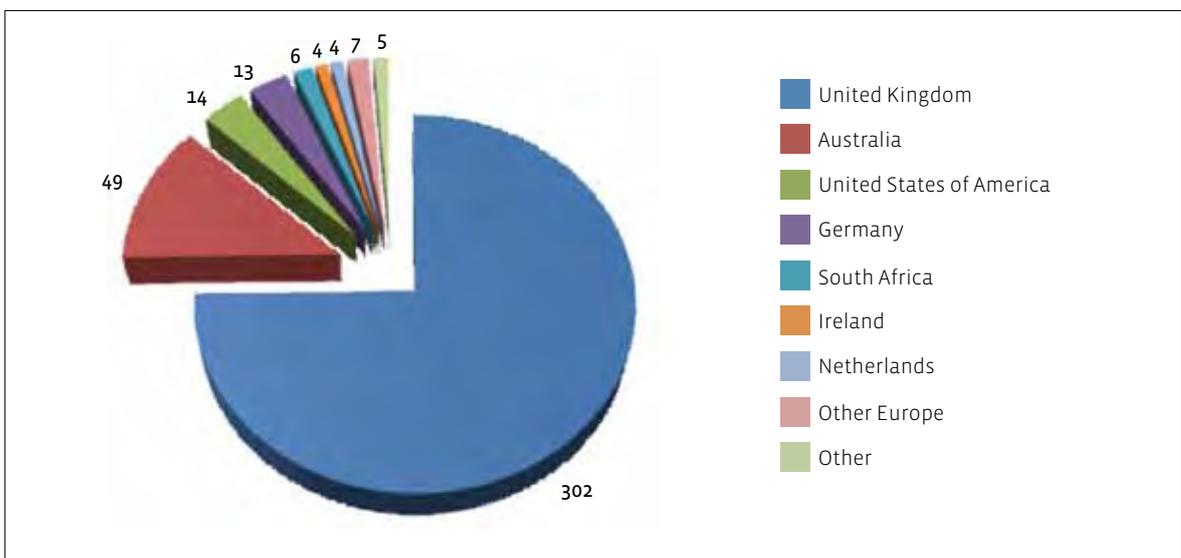
\*\* Registered prior to Midwifery Council assuming responsibility

**Table 4: Percentage of registrations between 1 April 2009 and 31 March 2010 with comparisons with previous years: New Zealand graduate compared to all overseas qualified**



Since the 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 2010**





## Issue of Practising Certificates

### Our responsibilities are to:

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

### Midwives' health

The Council received four new notifications of concern about a midwife's health which had affected her practice and four other midwives self disclosed a condition which would potentially affect them. All midwives were referred to the Health Committee. As at 31 March three had either regained full health or had appropriate support in place and had been discharged from the Committee's oversight. Three midwives were not currently working as midwives and the remaining two were working under Health Committee monitoring programmes. Three additional midwives remained under the Health Committee monitoring following referrals in the previous year. The Health Committee has delegated authority from Council to make decisions relating to midwives' health.

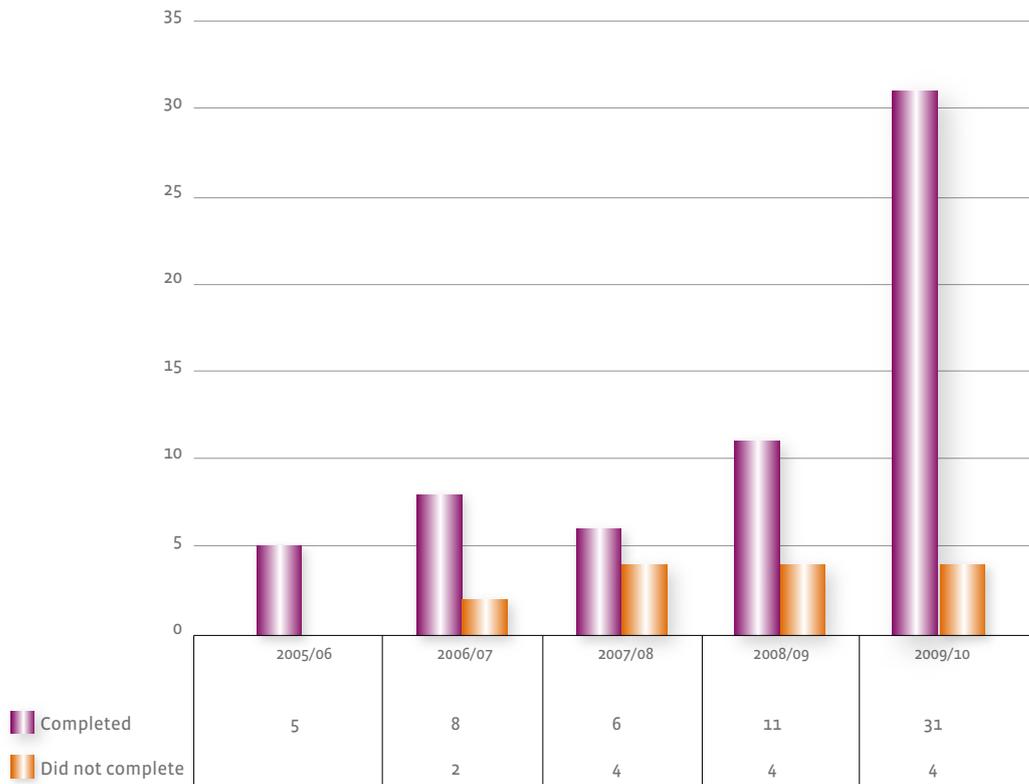
Monitoring programmes are designed to support midwives return to work while also protecting the health and safety of the public. Although the numbers are very small, the Council is pleased that some midwives self disclosed their condition. This indicates that midwives are taking seriously the requirement to declare that they are fit to practise when they apply for a practising certificate.

### 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 29 applications for Return to Practice and approved individual programmes for all but three who chose not to proceed. As at 31 March 2010, 18 have completed the programme and the remaining eight are still undertaking the programme. One further Return to Practice programme has been approved.



**Table 6: Number of midwives entering a formal Return to Practice programme each year between 2005/06 and 2009/10**



### Fees

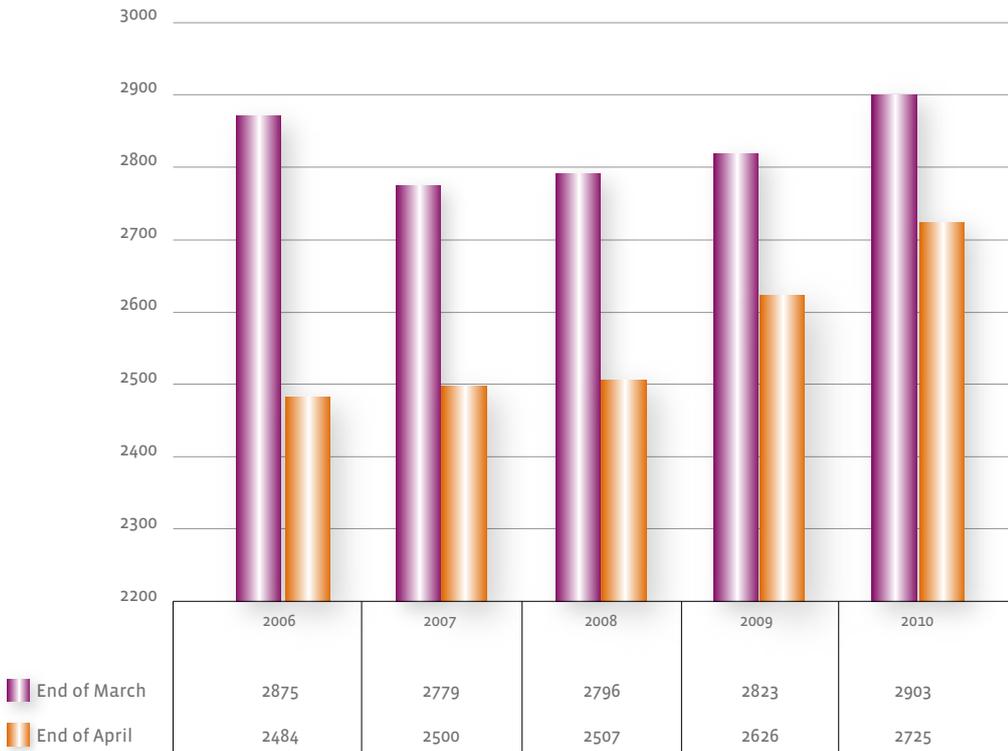
In accordance with the plan to reduce its financial reserves, and as indicated in its annual report for last year, Council completed an analysis of projected costs. On this basis the Council was able to again reduce the fee for an annual practising certificate for this year from \$478 to \$400. In the forthcoming year it will be further reduced to \$350. For both years the Disciplinary Levy remains at zero.

### Annual Practising Certificates

The number of midwives with current practising certificates rises 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. The number of midwives renewing their practising certificates annually has increased over the past two years. Also the number leaving practice either temporarily or permanently has declined. In the 2009/2010 year only 178 midwives left the profession compared to 197 and 289 in the previous two years, resulting in a steady increase in the size of the practising workforce.



**Table 7: Comparative APC figures for the end of the year and beginning of the following year.**



**Recertification Programme**

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. During the year 69, additional courses were approved for the purposes of recertification making a total of 270 options for midwives from which to choose. The courses are listed on the website and are updated regularly.

**Recertification Audit**

The Council has continued to audit midwives’ engagement in recertification and it is pleasing to note that the majority of midwives are now fully engaged in the Recertification Programme. However, as in preceding years, a small proportion were unable to satisfy Council of substantial engagement and they were required to undertake specific activities within defined time frames, some being issued with interim practising certificates until requirements were met.

Four midwives were referred to the Professional Conduct Committee for non engagement in the Recertification Programme over the previous three years and for falsely signing the declaration on successive Practising Certificate application forms that they were engaged in the Recertification Programme and meeting its requirements. The Recertification Programme requires the midwifery



profession to engage in a process of self-reflection and professional development that will improve standards of midwifery care and contribute to ongoing quality improvement in the midwifery workforce. Public safety is assured through a midwifery workforce that demonstrates both professionalism and competence so failure to engage in the Programme is regarded as misconduct.

The secretariat has continued to streamline the audit process with benefits for individual midwives as well as the work load of the secretariat.

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

In summary, the components of the Recertification Programme are:

- Declare competence to practise within the Midwifery Scope of Practice (annually on application for APC)
- Practise across the Scope over a three-year period
- Maintain a professional portfolio containing information and evidence about practice, education and professional activities over each three-year period
- Complete the 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 at level 4 (and including resuscitation of the pregnant woman)
- Breastfeeding update workshop once every 3 years.

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

\*\*\*Technical Skills workshops currently have the following components:

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



## 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 2009 and 31 March 2010 the Council received a total of 21 new complaints. These were either referred to Council from the Health and Disability Commissioner or from ACC as part of its reporting of sentinel and serious events, or were notifications of concern made by DHBs or other practitioners. One complaint involved three midwives.

The number of new complaints received this year is the smallest number received in five years (41 in 2008/2009, 35 in 2007/2008, 28 in 2006/2007 and 39 in 2005/2006).

### 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 three midwives were referred to a Professional Conduct Committee on the basis of complaints received. In addition three midwives were referred by the Council to the Professional Conduct Committee when monitoring by the secretariat revealed they had each worked for a period without a practising certificate.

### Health Practitioners Disciplinary Tribunal

During the year, three midwives were referred to the Tribunal by Council's Professional Conduct Committee. As at 31 March all these cases were in progress. In June 2009 the Tribunal made an order in relation to the conduct of another midwife who had been referred to the Tribunal by the Health and Disability Commissioner in 2008.

### Competence Review Panel

Six midwives were required to have their competence reviewed; see Table 8.

For three others, while a Competence Review was not required, the midwives were required to undertake a Competence Programme designed to help them address the concerns in the complaints and two (including one of those required to undertake a Competence Programme) 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 specific midwifery practice issues or set of circumstances identified by Council, rather than relating to the midwife's overall practice.

During the year the Council reviewed aspects of its processes. In April it resolved to include as a formal step, that of ensuring any cultural requirements are met.

In future, in relation to all midwives undergoing Council processes, the Council now specifically asks midwives whether they have special needs in terms of cultural support or whether there are other cultural considerations to be taken into account.



The Council also commenced a review of its guidelines for supervisors, ie for those midwives who are appointed as supervisors for midwives as a result of a Competence Review. One aim is to provide these supervisors with assistance in how to go about discussing and reviewing a midwife's practice with her and to provide more structured support for reporting back to the Council. This work was continuing as at 31 March.

**Table 8: The referrals and notifications were dealt with as follows:**

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 do they include those cases for which the investigation has been completed but which require ongoing monitoring.

Action		Referring body	Complaints received	Number of midwives	Outcome
Referred to Professional Conduct Committee		DHB	1	1	Referrals in process at 31.3.10
		DHB	1	1	
		Secretariat	1	1	Referred to HPDT
Referred for Competence Review		DHB	1	1	In process at 31.3.10
		HDC	2	2	In process at 31.3.10
		PCC	1	1	Competence Programme
		HDC	1	1	Supervision
		DHB	1	1	Comp prog
Referred for Special Midwifery Standards Review		DHB	2	2	
Competence Programme required		HDC	2	2	Courses required as appropriate to address the concerns
Referred to HDC (and not otherwise included in table)		consumer	5	7	Investigation by HDC in progress
Preliminary investigation by the Council but: Competence Review not required because:	Midwives had already voluntarily addressed the issues by seeking further training or changing behaviour	HDC, DHB or ACC	4	4	No further action by the Council required
Assessment by Council but no further action because:	HDC found no breach and Council did not consider it warranted further action	HDC	3	3	
	Alternative resolution proposed	Colleagues	1	1	
Total complaints			26		
Total midwives			28		

\* Health and Disability Commissioner



**The most common issues where competence reviews were carried out were:**

- 7 poor or incomplete documentation and record keeping
- 7 poor assessment and decision making
- 7 failure to identify high risk circumstances

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

- 7 Lack of communication
- 7 Not meeting conditions on practice
- 7 Working without a practising certificate



## 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

Following its practice of alternating the location of its annual Forum, this year the Forum was held in Wellington with around 60 people attending. Annual Fora provide an opportunity to discuss policies and processes and provide an opportunity for the profession, stakeholders and consumers to give informal feedback to Council.

### Website

During this year we embarked on phase 1 of the planned 3 phase development of our website. Phase 1 will allow applications for registration (including, for New Zealand graduates, applications to sit the National Midwifery Examination) to be made online, establish a secure facility for on line payments and facilitate registered midwives logging in to update their personal information. The Council also took the opportunity to update the appearance of the website; part of that process involved a much needed rationalisation of the large amount of information on the website to allow easier navigation, inclusion of a search facility and more information for the public. As at 31 March development of phase 1 was in progress with 'go live' planned for November 2010. Phase 2 which is likely to be commenced shortly thereafter will allow practising certificate applications to be made on line; phase 3 will allow electronic recording of recertification activities with access by the Council's staff and individual midwives.

### Stakeholders:

The Council has continued to liaise with stakeholders to discuss matters of mutual interest. These include:

- Midwives
- Maternity consumers
- Midwife leaders
- Midwife educators
- Health Regulatory Authorities of New Zealand Group (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
- Accident Compensation Corporation
- Tertiary Education Commission
- Institutes of Technology and Polytechnics Quality
- Education institutions offering pre-registration midwifery education programmes
- Clinical Training Agency
- Australian Nursing and Midwives Council
- Other overseas regulatory authorities



Of particular note were:

#### **MEETING WITH HEALTH AND DISABILITY COMMISSION STAFF**

In November the Council met with the Deputy Health & Disability Commissioner Rae Lamb, Chief Legal Advisor Nicky Sladden and Legal advisor Julian Sakari to discuss processes in relation to complaints. The Council values its positive working relationship with the Commissioner's office.

#### **NEW ZEALAND COLLEGE OF MIDWIVES**

Representatives of the College met with the Council in April 2009 to discuss matters of mutual concern. These included processes for orientation of overseas midwives to the New Zealand maternity system and the midwifery profession; standardisation of the technical skills workshops across providers; audit of the College's Midwifery standards Review process.

#### **VISIT BY MIDWIVES FROM THAILAND**

Associate Professor Dr Poonsuk Hingkanont, Assistant Professor Dr Chantima Khanobdee, Assistant Professor Dr Amporn Ratinthoprn and Associate Professor Dr Sujitra Tianswad, a group of nurse/midwives from Thailand visited the Council as part of their study tour to learn about New Zealand midwifery practice, education and regulation as part of their preparation for establishing midwifery education in Thailand. Such visits are a result of the Council's involvement in the biennial meetings of nursing and midwifery regulators in the Western Pacific and South East Asian region (WPSEAR).

#### **ONGOING INVOLVEMENT WITH HEALTH REGULATORY AUTHORITIES OF NEW ZEALAND (HRANZ)**

HRANZ provides a forum for all the health regulatory authorities to share information and to work on matters of common interest in carrying out our roles under the Act. The Council's Chairperson and its CEO play an active role in HRANZ activities.

#### **Submissions**

Submissions made a number of submissions on relevant issues relating to midwifery and wider health issues including:

- DHBNZ - Midwifery Workforce Analysis & strategy
- Medical Council – consultation on good prescribing practice
- Medical Council - consultation on good prescribing principles
- Nursing Council - the Registered Nurse scope of practice
- Minister's Taskforce's report on Changes to Health Workforce Planning
- Ministry of Health – consultation on whether statutory regulation is the most appropriate way to regulate health professions
- Ministry of Health – proposed changes to the Medicines Regulations



## Workforce

### Midwifery Workforce Annual Survey

Each year Council surveys midwives in conjunction with the practising certificate renewal process. Data is shared with the Ministry of Health which assists in data entry.

In March, the Council published its inaugural Workforce report using data mainly collected by the Council in conjunction with the renewal of midwives annual practising certificates in the years 2005 to 2009. It was supplemented with data from the Register of Midwives and other sources. The Council intends to publish an updated report biennially. It is hoped the reports will provide concrete facts and trends describing the midwifery workforce that will assist Health Workforce New Zealand and other policy makers to be better informed and better equipped for decision making about the midwifery workforce needs for the maternity service.

The tables below report on a selection of data obtained from the survey sent out with the annual practising certificate renewal forms in February 2009.

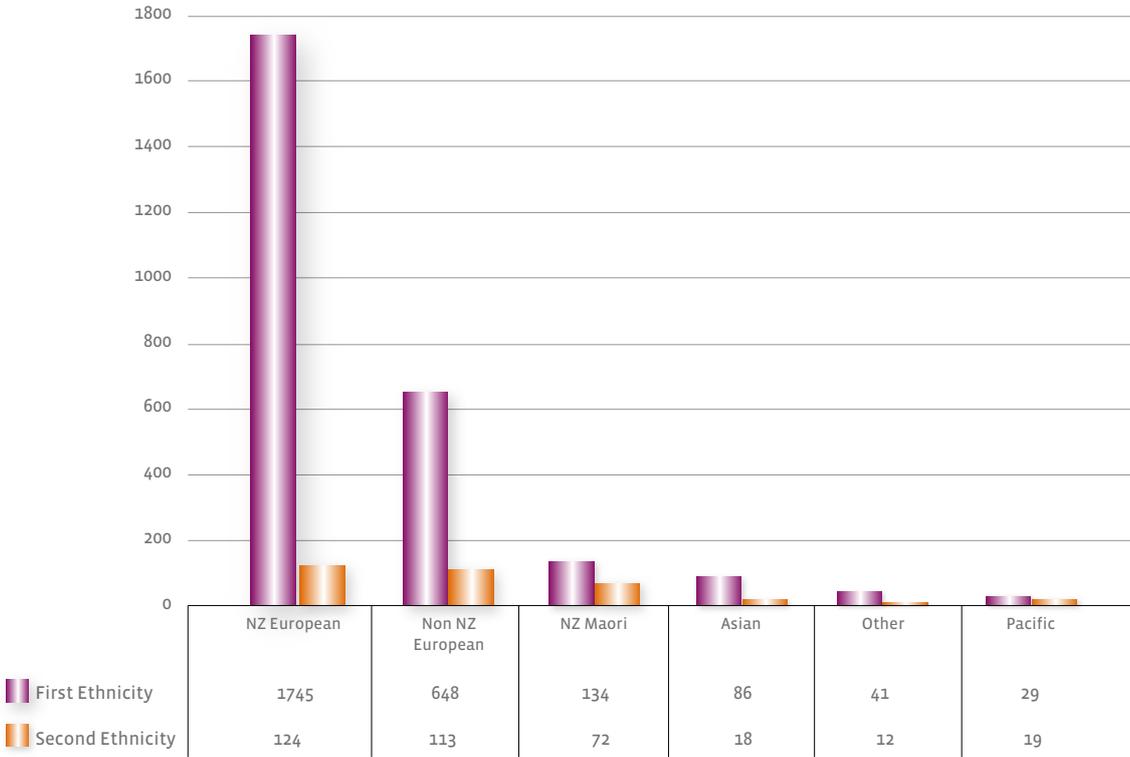
**Limitations.** The survey is part of the annual practising certificate renewal process and the returns are high. The results should be representative but some midwives did not return the survey and others did not answer all questions.

**Table 9: The number of practising midwives by reported first ethnicity.**

Ethnicity	First	%	Second	%	Third	%
NZ European	1745	65.0%	124	4.6%	8	0.3%
British and Irish	446	16.6%	54	2.0%	4	0.1%
New Zealand Maori	134	5.0%	72	2.7%	4	0.1%
Other European	96	3.6%	34	1.3%	7	0.3%
Australian	58	2.2%	3	0.1%		
Chinese	45	1.7%	8	0.3%	1	0.0%
German	27	1.0%	6	0.2%	2	0.1%
African	22	0.8%	6	0.2%	1	0.0%
Indian	22	0.8%	6	0.2%	1	0.0%
Dutch	21	0.8%	16	0.6%	2	0.1%
Samoan	13	0.5%	8	0.3%	2	0.1%
Other Asian	10	0.4%	1	0.0%		
Other Pacific	11	0.4%	7	0.3%	5	0.2%
Other	10	0.4%	5	0.2%	2	0.1%
South East Asian	8	0.3%	4	0.1%	1	0.0%
Latin American / Hispanic	8	0.3%				
Cook Island Maori	5	0.2%	4	0.1%	1	0.0%
<b>Total</b>	<b>2683</b>	<b>100.0%</b>	<b>358</b>	<b>13.3%</b>	<b>41</b>	<b>1.5%</b>



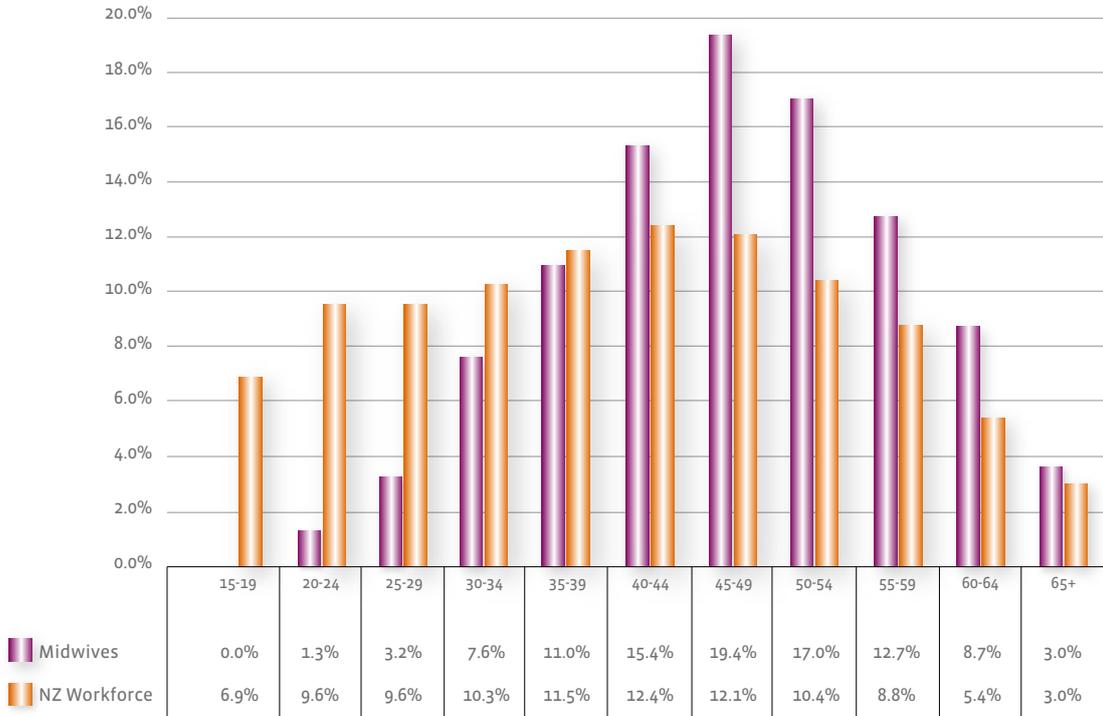
**Table 10: Reported ethnicity by major grouping.**



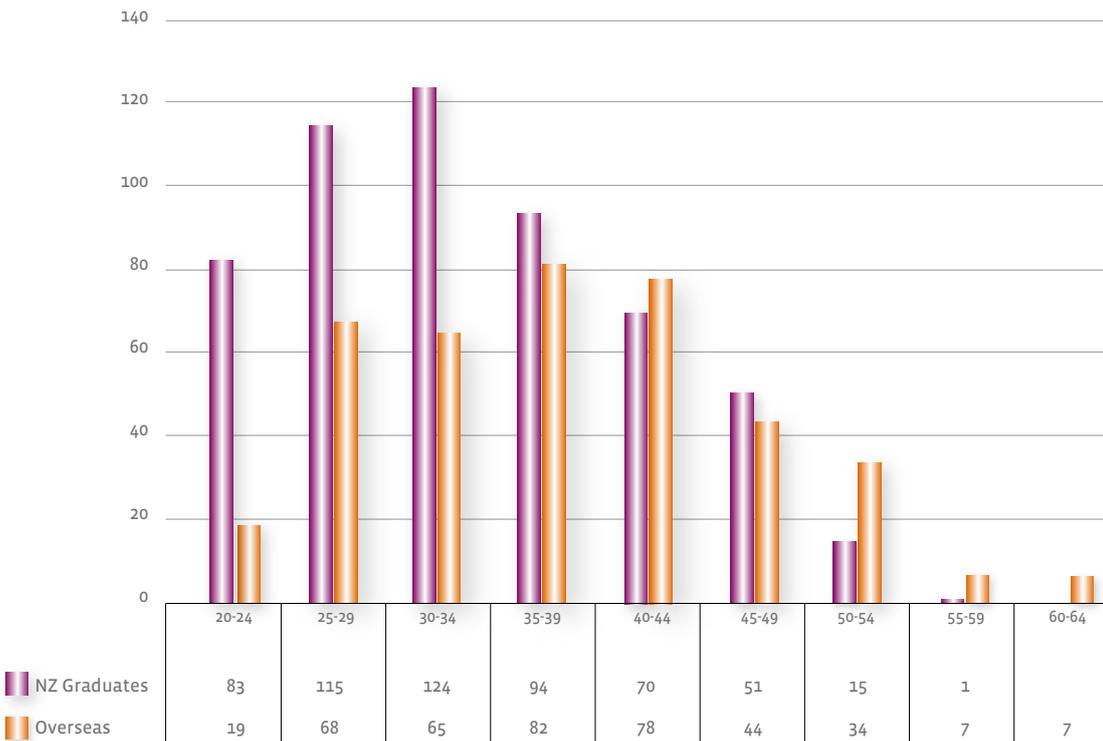
The midwifery profession in New Zealand is characterised by the number of persons entering the workforce for the first time at a late age. This is true not only for overseas trained midwives, many of whom move to New Zealand later in their careers, but also for New Zealand graduates midwives. Table 11 shows the age profile of all midwives at the time of registration for midwives registered between September 2004 and March 2010.



**Table 11: Age profile of the current midwifery workforce compared to the age profile of the New Zealand workforce as a whole**



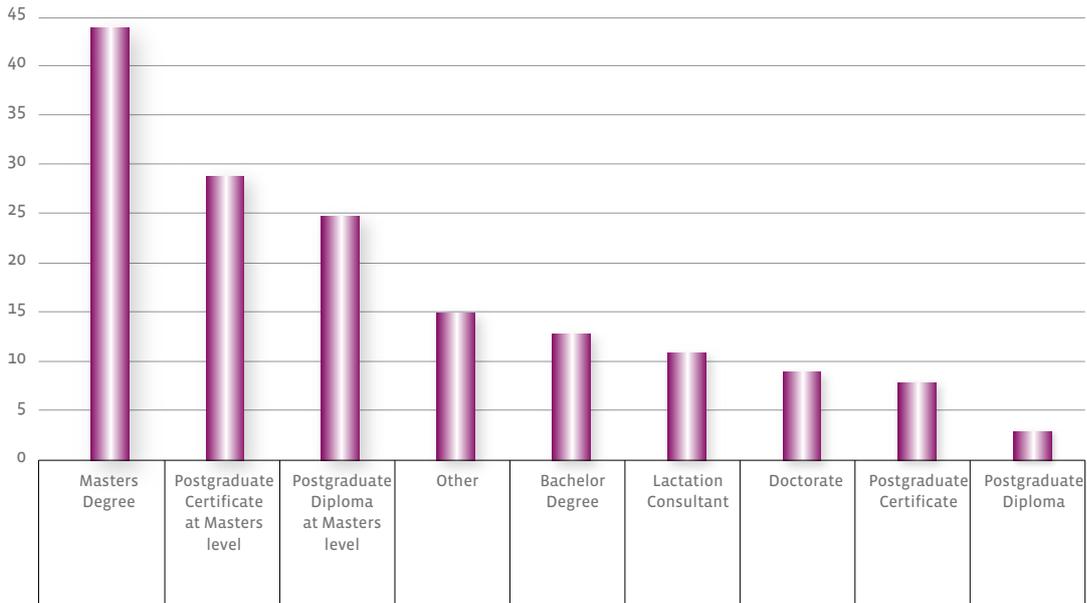
**Table 12: Age profile of midwives at time of registration (numbers between April 2005 and March 2010)**





In the 2009/10 survey, 157 midwives indicated that they were currently studying towards a post registration qualification. Table 13 shows the types of qualifications being sought.

**Table 13: Midwives undertaking post registration study in 2009 – 2010 with their expected academic qualification**



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



## Governance

### Council membership

During the year we had a change of five Council members. In August 2009 the terms of Mina Timutimu, Helenmary Walker and Rea Daellenbach came to a close. They were replaced by Annette Black (lay member), Korina Vaughn (a midwife) and Lee Mathias (a health practitioner). Sally Pairman and Sharron Cole were both reappointed for 18 months and 12 months respectively. Then in February 2010 Thelma Thompson and Estelle Mulligan both came to the end of their terms; they were replaced by midwives Andrea Vincent and Judith McAra-Couper. Sue Bree was re-appointed for 12 months.

Mina Timutimu, Helenmary Walker, Rea Daellenbach and Thelma Thompson had been members of the Council since it was established in 2003 and we thank them all for their tremendous work and dedication in establishment of the new framework for midwifery regulation.

### Fees for Council members and appointees

The Council reviewed its fees structure during the year after feedback indicating that fees paid to members of Panels and to midwives appointed by the Council as supervisors may be insufficient to attract suitable people. The Council agreed to increase the rates paid to members appointed to Competence Review Panels, Professional Conduct Committees and as supervisors or assessors from \$50 per hour to \$80 per hour. The Council also reviewed fees claimed by members. It was decided that the daily rate would not increase but the hourly rate (used only occasionally) should be increased from \$50 per hour to \$80 per hour. This is the first increase since the Council's inception in December 2003

Current fees are:

- Agreed specific tasks and teleconference meetings \$80 per hour
- Meetings - Chair \$650 per day
- Meetings - Members \$450 per day
- Meeting preparation time – 4 hours at \$50 per hour

Table 14 : Remuneration\* received by each member for attendance at Council meetings and Annual Fora

	< \$4,000	\$4,001 to \$10,000	\$10,001 to \$18,000
S Pairman (Chairperson)			X
S Cole (Dep. Chairperson)			X
S Bree			X
R Daellenbach <sup>1</sup>		X	
E Mulligan <sup>2</sup>			X
T Thompson <sup>2</sup>			X
M Timutimu <sup>1</sup>		X	
H Walker <sup>1</sup>		X	
L Mathias <sup>3</sup>		X	
A Black <sup>3</sup>	X		
K Vaughn <sup>3</sup>		X	
J McAra-Couper <sup>4</sup>	X		
A Vincent <sup>4</sup>	X		

\*gross income – includes resident withholding tax.

<sup>1</sup> for 5 months

<sup>2</sup> for 11 months

<sup>3</sup> for 7 months

<sup>4</sup> for 2 months



### Council meetings

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

### Committee structure

During the year changes to committee membership reflected the changes of Council members. At 31 March 2010 the Committees and their members are:

#### Registration Committee:

Sue Bree, Lee Mathias, Korina Vaughn and Andrea Vincent.

#### Education and Audit Committee:

Sally Pairman, Annette Black, Judith McAra-Couper and Sharron Cole.

#### Examination Committee:

Sue Bree, Judith McAra-Couper, Andrea Vincent and Sally Pairman. (Sally Pairman is post-examination only).

#### Health Committee:

Sue Bree, Lee Mathias, Korina Vaughn and Andrea Vincent.

(This committee has fully delegated decision making power to facilitate prompt action when required)

#### Finance Committee:

Sally Pairman, Sharron Cole and Lee Mathias (with the Chief Executive)

#### Sorting Committee

In April, a "Sorting Committee" was established to better manage the work load of addressing matters relating to midwives' competence and conduct. This Committee analyses all new cases as they come in and has delegated authority to request an initial response from the midwife before tabling the matter before a full Council meeting.

Members at 31 March 2010 were Sally Pairman, Sue Bree, Korina Vaughn and Judith McAra-Couper.

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. During the year the Council appointed its Midwifery Advisor as the convenor of all Competence Review Panels, assisted by another one or two midwives appointed from the pool.

#### Members of Competence Review Panels during the 2009-2010 year

Sue Calvert (Midwifery Advisor)

Korina Vaughn (Council member)

Judith McAra-Couper

Nimisha Waller

Estelle Mulligan (Council member)

Mina Timutimu (Council member)

Thelma Thompson (Council member)

Helenmary Walker (Council member)

Liz Jull

Joyce Cowan

Terry Wiffon

#### Members of Professional Conduct Committees during the 2009-2010 year

Sharron Cole (Council member and convenor)

Estelle Mulligan (Council member)

Jenny Woodley

Thelma Thompson (Council member)

Yvonne Morgan



## Secretariat

Staff members of the Midwifery Council at 31 March 2010 were:

Chief Executive and Registrar:	Susan Yorke
Deputy Registrar:	Nick Bennie
Midwifery Advisor:	Sue Calvert
Accounts and Registration:	Marilyn Pierson
Executive Assistant:	Andy Crosby
Administrator:	Georgia Duke

### 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

Kiwibank  
Wellington

### ALL CORRESPONDENCE TO THE COUNCIL SHOULD BE ADDRESSED TO:

Midwifery Council  
PO Box 24448  
Manners Street  
Wellington  
Email: [info@midwiferycouncil.health.nz](mailto:info@midwiferycouncil.health.nz)  
Tel: (04) 499 5040  
Fax: (04) 499 5045



Te Tatau o te Whare Kahu  
midwifery council  
of new zealand

MIDWIFERY COUNCIL OF NEW ZEALAND

# Financial Statements

For the year to 31 March 2010



## MIDWIFERY COUNCIL OF NEW ZEALAND

### 2010 FINANCIAL STATEMENTS

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**MIDWIFERY COUNCIL OF NEW ZEALAND**  
**STATEMENT OF FINANCIAL PERFORMANCE**  
**FOR THE YEAR ENDED 31 MARCH 2010**

	Notes	2010 \$	2009 \$
<b>REVENUE</b>			
Registration Fees		92,623	96,783
Annual Practising Certificates Examinations		968,742	1,110,777
Conditions & Monitoring		28,965	25,698
Interest Income		11,334	13,112
Other Income		90,471	167,149
		14,517	10,724
<b>TOTAL REVENUE</b>		<b>1,206,651</b>	<b>1,424,243</b>
<b>LESS EXPENDITURE</b>			
Accounting		1,664	4,686
Audit Fees		4,720	2,660
Bank Charges		10,205	10,402
NZCOM Subsidy		223,700	124,200
Council Member Fees		57,416	43,351
Committee Member Expenses		120,055	94,713
Chair Fees		369	0
Professional Conduct Committee Expenses		31,621	128,802
Conferences & Seminars		3,170	44,684
Cleaning		2,993	3,335
Computer Expenses		31,685	22,343
Consultants		15,494	40,199
Depreciation		43,281	38,676
Examination Expenses		13,493	12,598
Forum		9,071	20,211
General Expenses		6,145	4,289
Equipment Hire		9,003	8,093
Room Hire		178	2,310
Legal Fees		374	7,458
HPDT Costs		103,681	165,937
Postage & Couriers		15,427	21,228
Power		2,775	2,547
Printing & Stationery		25,268	22,044
Rent		55,965	50,178
Staff Recruitment		8,740	10,494
Publications		2,761	820
Recertification Audits		15,042	9,691
Salaries	5	427,976	377,884
Security		406	820
Website Maintenance		14,440	3,287
Teleconferencing		938	513
Telephone & Internet		9,894	9,457
Travel and Accommodation		76,732	65,634
Annual Report		6,651	6,038
Indemnity Insurance		6,841	6,769
<b>TOTAL EXPENDITURE</b>		<b>1,358,194</b>	<b>1,366,351</b>
<b>NET SURPLUS/(DEFICIT)</b>		<b>(151,543)</b>	<b>57,891</b>

The attached NOTES form part of these Financial Statements





**MIDWIFERY COUNCIL OF NEW ZEALAND  
STATEMENT OF MOVEMENTS IN EQUITY  
FOR THE YEAR ENDED 31 MARCH 2010**

	Notes	2010 \$	2009 \$
Equity at Beginning of Year		1,942,941	1,885,050
Net Surplus/(Deficit) for Year		(151,543)	57,891
EQUITY AT END OF YEAR		<u>1,791,398</u> =====	<u>1,942,941</u> =====

The attached NOTES form part of these Financial Statements



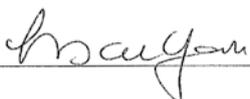


**MIDWIFERY COUNCIL OF NEW ZEALAND**  
**STATEMENT OF FINANCIAL POSITION**  
**AS AT 31 MARCH 2010**

	Notes	2010 \$	2009 \$
<b>CURRENT ASSETS</b>			
Westpac Cheque Account		544,504	499,697
Term Deposits		2,045,685	2,481,204
Accounts Receivable	4	946	8,700
Prepayments		8,481	4,703
Accrued Income		11,930	25,169
<b>TOTAL CURRENT ASSETS</b>		<u>2,611,546</u>	<u>3,019,473</u>
<b>NON-CURRENT ASSETS</b>			
Property, Plant & Equipment	2	50,392	65,660
Intangible Assets	3	146,010	50,706
<b>TOTAL NON CURRENT ASSETS</b>		<u>196,402</u>	<u>116,366</u>
<b>TOTAL ASSETS</b>		2,807,948	3,135,839
<b>CURRENT LIABILITIES</b>			
Accounts Payable		111,323	176,519
Accrued Expenses		4,950	5,264
GST Payable		63,960	82,910
Employee Entitlements	5	30,306	23,761
PAYE Payable		13,266	2,542
Income Received in Advance		792,745	901,902
<b>TOTAL CURRENT LIABILITIES</b>		<u>1,016,550</u>	<u>1,192,898</u>
<b>TOTAL LIABILITIES</b>		1,016,550	1,192,898
<b>NET ASSETS</b>		1,791,398	1,942,941
<b>Represented By:</b>			
<b>EQUITY</b>		1,791,398	1,942,941

For and on behalf of the Council

Chairperson :  Date : 30/8/10

Registrar :  Date : 30/8/10

The attached NOTES form part of these Financial Statements





**MIDWIFERY COUNCIL OF NEW ZEALAND  
NOTES TO THE 2010 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 generally accepted accounting practices.

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 registered as a charitable entity by the Charities Commission. Therefore, under the Charities Act 2005 is exempt from Income Tax.

**PROPERTY, PLANT & EQUIPMENT**

Property, Plant and Equipment 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





#### INTANGIBLE ASSETS

Software and Website Costs have a finite useful life. Software and Website Costs are capitalised and written off over their currently estimated useful lives of 4 years on a straight line basis. For this current financial year there was no depreciation charge for Website Costs as this was still under development at balance date.

Costs associated with developing or maintaining computer software programs and websites are recognised as expenses when incurred.

#### IMPAIRMENT

At balance date, the Council reviews the carrying amounts of its assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impaired loss.

If the recoverable amount of a cash generating unit is estimated to be less than its carrying amount, the carrying amount of the cash generating unit is reduced to its recoverable amount.

#### 2. PROPERTY, PLANT & EQUIPMENT

	Cost	Depreciation 2010	Accumulated Depreciation	Book Value 2010
	\$	\$	\$	\$
Computer	36,909	8,969	26,797	10,111
Office Equip	13,555	2,752	8,086	5,469
Furniture & Fittings	51,047	6,310	19,816	31,231
Leasehold	9,765	1,953	6,184	3,581
	-----	-----	-----	-----
	111,276	19,984	60,883	50,392
	=====	=====	=====	=====

	Cost	Depreciation 2009	Accumulated Depreciation	Book Value 2009
	\$	\$	\$	\$
Computer	33,815	8,453	17,827	15,987
Office Equip	13,555	2,621	5,333	8,221
Furniture & Fittings	49,425	6,242	13,506	35,919
Leasehold	9,765	1,953	4,231	5,533
	-----	-----	-----	-----
	106,560	19,269	40,897	65,660
	=====	=====	=====	=====





**7. RELATED PARTY TRANSACTIONS**

There were no transactions involving related parties during the year.

**8. CONTINGENT LIABILITIES AND CAPITAL COMMITMENTS**

There was a further commitment of \$87,000 outstanding to complete the redesign of the website and improvements to the database as at balance date. [2009: Nil]

There were no contingent liabilities as at balance date [2009: Nil].

**9. CREDIT FACILITY**

The Council has a credit card facility of \$15,000 with Mastercard. The late payment interest rate will be charged on a daily basis on any outstanding balances.





**3. INTANGIBLE ASSETS**

	Cost	Depreciation 2010	Accumulated Depreciation	Book Value 2010
	\$	\$	\$	\$
Software	109,130	23,297	75,711	33,419
Website Costs (Work in Progress)	112,591			112,591
	-----	-----	-----	-----
	<u>221,721</u>	<u>23,297</u>	<u>75,711</u>	<u>146,010</u>
	=====	=====	=====	=====

	Cost	Depreciation 2009	Accumulated Depreciation	Book Value 2009
	\$	\$	\$	\$
Software	103,120	19,407	52,415	50,706

**4. ACCOUNTS RECEIVABLE**

Accounts Receivables are shown net of impairment losses. For the current year, the impaired losses amounted to \$34,227 (2009: \$9,100), which reduced income arising from the unlikely collection of imposed HPDT fines.

**5. EMPLOYEE ENTITLEMENTS**

	2010	2009
	\$	\$
Salary Accrued	8,214	17,211
Leave Accrued	22,092	6,550
	-----	-----
	<u>30,306</u>	<u>23,761</u>
	=====	=====

**6. 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. This has been extended for a further 5 years from 1 December 2009. 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:

	2010	2009
	\$	\$
Due in 1 year	60,120	59,232
Due between 1-2 years	59,939	60,120
Due between 2-5 years	94,528	45,196





PKF Martin Jarvie  
Chartered Accountants



Accountants &  
Business Advisers

**AUDIT REPORT**  
**TO THE READERS OF**  
**MIDWIFERY COUNCIL OF NEW ZEALAND'S**  
**FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2010**

The Auditor-General is the auditor of the Midwifery Council of New Zealand (Council). The Auditor-General has appointed me, Paolo Ryan, using the staff and resources of PKF Martin Jarvie, to carry out the audit of the financial statements of the Council, on her behalf, for the year ended 31 March 2010.

**Unqualified Opinion**

In our opinion, the financial statements of the Council on pages 1 to 7:

- comply with generally accepted accounting practice in New Zealand; and
- fairly reflect:
  - the Council's financial position as at 31 March 2010; and
  - the results of its operations for the year ended on that date.

The audit was completed on 30 August 2010, and this is the date at which our opinion is expressed.

The basis of our opinion is explained below. In addition, we outline the responsibilities of the 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.

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**PKF**Accountants &  
Business Advisers

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 2010 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.

Paolo Ryan  
PKF Martin Jarvie  
On behalf of the Auditor-General  
Wellington, New Zealand





