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 ENDED 31 MARCH 2013

Detail of painting of Dame Whina Cooper by artist the late Suzy Pennington
Dame Whina, awarded the title of Te Whaea o te Motu (Mother of the Nation) by the Māori Women's Welfare League, holds a special place in New Zealand history as a founder of the League and because of her long life devoted to the service of her people and to the wellbeing of women and children. She particularly stressed the value of primary health and the importance of good midwifery services being available to Māori women and their whānau. The whakatau (Māori proverb) on the painting is the chant "ruia, ruia" from the Muriwhenua iwi of the Far North and symbolises inspiration, challenge and hope. The painting has hung in the Council's office since its opening in February 2007.

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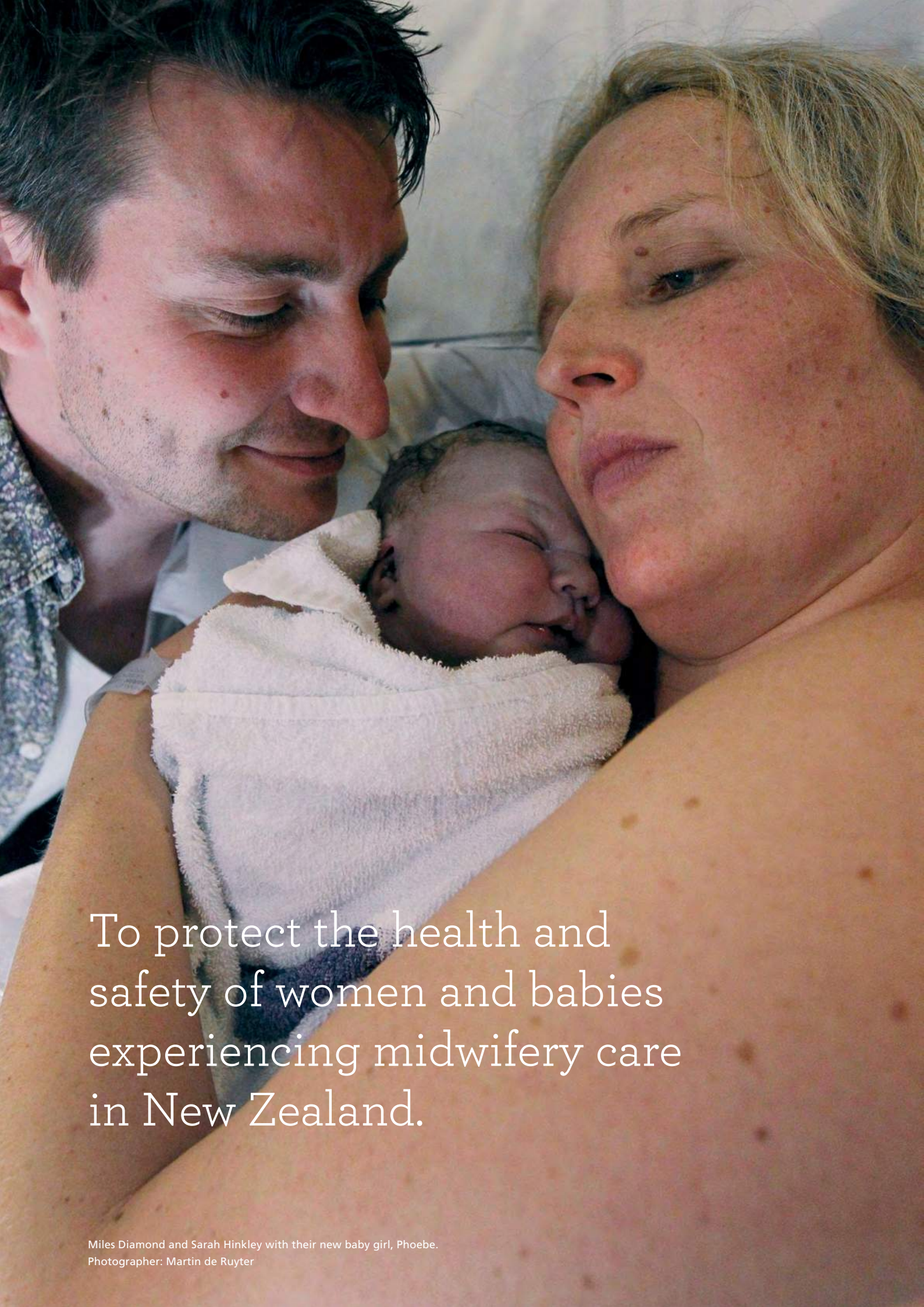


To protect the health and safety of women and babies experiencing midwifery care in New Zealand.

Miles Diamond and Sarah Hinkley with their new baby girl, Phoebe.
Photographer: Martin de Ruyter

INTRODUCTION

The 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:

1. The partnership between women/wāhine and midwives/wāhine whakawhānau
2. Partnership with Tangata Whenua
3. Respect for diversity
4. Integrity and fairness
5. Transparent, credible and accountable decision making
6. Collegiality and collaboration
7. Reflection and ongoing learning
8. Social, economic and ecological sustainability

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
- Accredit 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

1 GOVERNANCE

The Council is committed to ensuring that its processes are robust and that there is as much transparency as possible, within the constraints of the HPCA Act, so that the public can continue to have confidence that their safety is assured.

Chairperson's Foreword

Tēnā Koutou Katoa. Kia Kotahi Kī.
He i oku nei korero anei he whakatauki.
No tou rourou, no toku rourou, kia ora te iwi.

What you have in your basket and what I have in mine, the combination will enhance all people's wellbeing.

The year 1 April 2012 to 31 March 2013 has been another busy and eventful one. The Council continues to deal primarily with issues regarding pre-registration midwifery education, recertification, registration, competence and fitness to practice. Some highlights for the Council in the past year have been:

The Council has been especially heartened by the review of the new four year midwifery undergraduate degree programme (completed in three academic years) and the success of the new graduates from both Otago Polytechnic and Christchurch Polytechnic Institute of Technology. The review showed not only the excellence of the education programmes but also the impressive calibre of the new graduate midwives. In addition, it attests to the success of the new undergraduate midwifery programme registration standards, and means that the Council and the public can continue to be assured of the competence and skills of new graduate midwives.

The Council has been fully engaged with the process of the Regulatory Authorities moving towards a Single Shared Secretariat. This process has involved the 16 RA's developing a detailed business case. These 16 RAs continue to explore the benefits of the consolidation of 'back office functions' and while the Council is clear that it will compromise neither its autonomy nor its statutory and regulatory functions, it is also hopeful that such sharing may result in increased efficiencies and effectiveness.

The Council has been particularly pleased by the growing international relationships with other Regulators, and in particular the Australian Nursing and Midwifery Board and the Australian Nursing and Midwifery Accreditation Council. A memorandum of understanding between the Midwifery Council and the latter was signed during the year and one will be signed with the former during 2013. These relationships play an important role in ensuring that the regulation of midwives in New Zealand is based on the best regulatory practice available.

The primary work of the Council is to protect the health and safety of women and babies who are experiencing midwifery care in New Zealand. In the past year there were – as in previous years – a number of incidents where midwives were put under the media spotlight. Some responses in the social media had the potential to undermine the processes of "the Act" and the principles of natural justice and did little to protect or reassure the public. The Council is committed to ensuring that its processes are robust and that there is as much transparency as possible, within the constraints of "the Act", so that the public can continue to have confidence that their safety is assured.

The Council and the Secretariat

I would like to express my sincere thanks to Sharron Cole and Susan Calvert for all their work and support over the last year. I also thank Nick Bennie, Marilyn Pierson, Andy Crosby, Judith Norman and Christine Whaanga. Together this team runs a very effective and efficient secretariat which gives great service to the Council, the public, and midwives of New Zealand.

I also thank all the competence reviewers, the supervisors, and the midwives and lay people who make up the Professional Conduct Committee, as well as those many midwives who provide support and advice to the Council. Your expertise and professionalism is much appreciated.

Finally, I thank the Council members for their hard work and their continued commitment, to ensure that the processes of Council serve the public of New Zealand with integrity, competence, and efficiency.

No reira tēnei te mihi kia koutou katoa.
Kia kaha, kia maia, kia manawanui.

Na Judith

Judith McAra-Couper
Chairperson

Members of the Midwifery Council at 31 March 2013

Chairperson: Dr Judith McAra Couper PhD, BA, RM, RN

Judith McAra Couper has worked as a midwife both in New Zealand and overseas. Judith is Head of Midwifery 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 a past 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, her current term expiring in August 2014.

Deputy Chairperson: Andrea Vincent RN, 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 a past 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. She was appointed in February 2010 and has been reappointed for a second term which will end in February 2015.

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

Annette Black was appointed a lay member in October 2009 and has been reappointed for a second term, expiring September 2015. 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 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. She lives in Wellington and is married with two adult children and four grandchildren.

Debbie Fisher PG Dip Health Care, RM, BN, RCN

Debbie was appointed to the Midwifery Council in September 2011 for a one-year initial term and has now been reappointed until September 2015. She is the Midwifery Advisor at the Nelson Marlborough DHB, and her role is an integral part of maternity services across the region. She also works clinically on a casual basis within a variety of settings. Debbie is a member of the National DHB Midwifery Leaders Group and enjoys supporting and facilitating effective midwifery leadership at a national level. She is also a Lactation Consultant. Debbie has lived and worked in New Zealand, Australia and the United Kingdom in all types of maternity care settings, with involvement in maternity projects and midwifery presentations at national and international conferences. She is a past NZCOM regional chairperson. Debbie is currently completing a Master in Health Care at Victoria University and has completed a Te Reo level one certification and postgraduate study in adult teaching and learning, and clinical midwifery practice. Debbie lives in Nelson with her husband.

Bronwen Golder

Bronwen was appointed as a lay member for a three-year term in August 2011. Early in her career, Bronwen worked as a political risk analyst for an investment bank and then Development Director for healthcare start-up in New York. Upon returning to New Zealand, Bronwen joined the Community Employment Group of the Department of Labour from where she was seconded to the Beehive as advisor to the Minister of Employment. Since 1993, Bronwen has worked in Geneva, Brussels, Wellington and Santiago Chile, leading international conservation programmes for two of the largest environmental NGOs in the world. Bronwen is currently leading a large scale New Zealand conservation initiative and providing strategic advice and support to conservation projects in Australia, the South Pacific and Southeast Asia and Chile. Bronwen brings to the Council extensive experience in public private sector partnerships, risk analysis, strategic and project planning and facilitation, communications, and monitoring and evaluation. Bronwen lives in Wellington with her husband and 11-year-old son.

Korina Vaughn RN, RM Ngati Hako, Ngati Maru

Korina Vaughn is married with four children who are of Samoan and Māori descent. Korina and her family live in Huntly and 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 she has been reappointed for a second term which ends in September 2015.

Dr Lee Mathias DHSc, MBA, BA, RN

Dr Lee Mathias is an experienced director and manager in health services including time as the Principal Nurse at Middlemore Hospital and GM Strategic Planning for Auckland Healthcare. Lee was the founding director of Birthcare, New Zealand'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 was decision-making in governance in New Zealand public healthcare services. Dr Mathias has directorships in diagnostic, maternity and disability enterprises. She is an accredited Fellow of the IODNZ. Lee was appointed in September 2009 and has been reappointed, her term expiring in September 2015.

Marion Hunter MA (Hons 1st Class), BA, ADN, RM, RN

Marion was appointed to the Midwifery Council in August 2010 for a three-year term. She is a Senior Midwifery Lecturer at Auckland University of Technology and for the past six years, she has maintained a small LMC caseload in a rural/remote rural area. Her previous experience includes tertiary and rural hospital midwifery including a clinical midwife specialist position at Counties Manukau DHB. Marion is currently a Director of the PHARMAC Seminar Series and has served on Ministry of Health committees in relation to prescribing in New Zealand. She was approved by NZCOM as an expert advisor and has undertaken various reviews in relation to maternity services and midwifery practice. Marion's MA thesis was about intrapartum midwifery care and place of birth. She has published on this topic alongside two co-authored chapters in *Midwifery: preparation for practice*.

Strategic Goals

In 2009, the Council identified its strategic direction, goals and work plan, ending the 2012/13 practising year. 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

Fees for Council members and appointees

The fees paid to Council members have remained unchanged since they were set in 2004.

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

Remuneration* received by each member for attendance at Council meetings and Annual Fora

	< $4000	$4,001 to $10,000	$10,001 to $18,000
J McAra-Couper (Chairperson)			x
A Black		x	
D Fisher			x
B Golder		x	
M Hunter			x
L Mathias			x
K Vaughn		x	
A Vincent			x

*gross income – includes resident withholding tax.

Absent: Korina Vaughan

Council meetings

During the 2012/13 financial year, the Council continued its pattern adopted the previous year of holding alternate two-day meetings in Wellington and half-day audio conferences by Skype. The Council had five two-day and two one-day meetings in Wellington and had four half-day Skype meetings. Generally committee work was also dealt with during those times.

Committee structure

At 31 March 2013, the Committees and their members are:

Registration Committee

Bronwen Golder, Debbie Fisher, Marion Hunter, Lee Mathias, Korina Vaughn and Andrea Vincent.

Education and Audit Committee

Annette Black, Debbie Fisher and Judith McAra-Couper

Examination Committee

Marion Hunter, Judith McAra-Couper, Korina Vaughn, Andrea Vincent, Annette Black (Judith McAra-Couper and Marion Hunter post-examination only)

Health Committee

Bronwen Golder, Marion Hunter, Lee Mathias, Korina Vaughn and Andrea Vincent

This committee has fully delegated decision-making power to facilitate prompt action when required.

Finance Committee

Annette Black, Bronwen Golder, Judith McAra-Couper and Lee Mathias (with the Chief Executive)

Sorting Committee

The "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, including the initial response from the midwife, then tables the matter before a full Council meeting. Members at 31 March 2013 were Debbie Fisher, Marion Hunter, Judith McAra-Couper, Korina Vaughn and Andrea Vincent.

Council education

In June 2012, a number of Council members attended the annual Perinatal and Maternity Mortality Review Committee workshop. All Council members attended either all or part of the New Zealand College of Midwives biennial conference which was held in Wellington in September.

2 SECRETARIAT

My thanks to all Council and staff members for their hard work, their collegiality and their commitment to midwifery regulation.

Chief Executive's review 12/13

Strategic principles and goals

The work of the secretariat, measured against the *2009–12 strategic plan*, is to effectively and efficiently administer "the Act" by having in place all the necessary mechanisms to ensure that midwives are competent and fit to practise and that they conduct themselves professionally.

IT development

Because of the work being undertaken to develop a shared regulatory authority secretariat and the uncertainty of the future operations of the Council, any larger scale expenditure of capital items such as IT development has been minimised. The proposed stage 3 development of the IT system has therefore been severely curtailed and development has comprised minor adjustments and fixes to the stage 2 development completed the previous year. InfoGeni provides a stable and comprehensive registration database and the staff have been working to better understand and utilise its full functionality.

For the second successive year, 3000 midwives applied online for their annual practising certificates. The minor problems from the previous year had been resolved and applications went very smoothly. All midwives are able to update their personal details online and by logging on to the website, they can track and plan their participation in the Recertification Programme.

It is through participation in the Recertification Programme that midwives demonstrate their competence to practise so it is important that the Council has a reliable way to monitor participation. The secretariat electronically monitors midwives' participation in the Recertification Programme and links the issuing of practising certificates to demonstrated participation. Midwives who have overdue requirements are issued with time-limited Practising Certificates and they are expected to be up to date by the expiry of these certificates.

Policy/process review

The Council has regular review dates for its policies and processes.
Those receiving comprehensive review during the year were:

- Fraud Policy
- Health Policy
- Overseas Registration Policy
- TTMR Registration Policy

New policies approved were:

- Criminal Conviction Policy

Stakeholder engagement

The Council understands the importance of information sharing with its various stakeholders. It is actively involved in Health Regulatory Authorities New Zealand (HRANZ) at both operational and governance level. The Council takes every opportunity to attend maternity or health-workforce related events. It has also continued to expand its collegial working relationship with its Australian counterparts, the Australian Health Regulatory Authorities Agency, the Nursing and Midwifery Board of Australia and the Australian Nursing and Midwifery Accreditation Council.

Council/staff

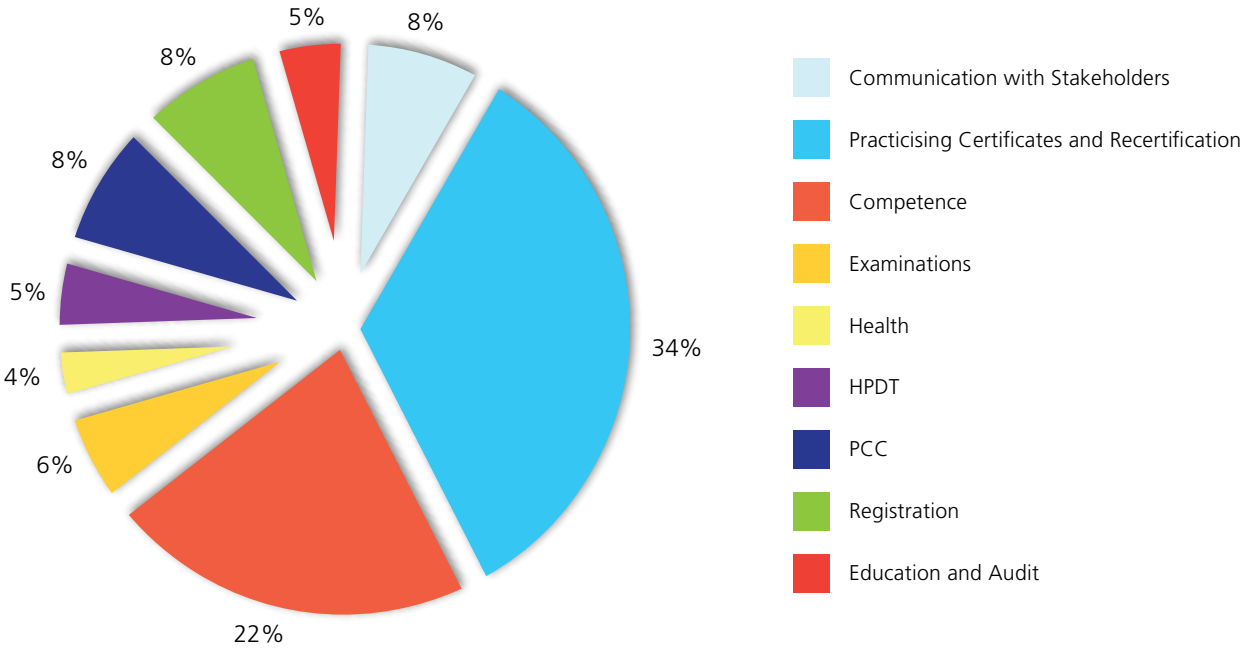
The office has been very stable with 6.5FTE staffing, there being no resignations during the year. A small staff means each person has to be knowledgeable across several areas and have sufficient flexibility to take on new tasks with confidence and willingness. The staff works very hard to ensure that Council processes are effective and timely and that decision making is both fair and consistent.

Council membership was unchanged during 2012/13 and ably led by Dr Judith McAra-Couper, they willingly contribute their knowledge and experience. The Council has continued to embrace the challenge of electronic communication and their willingness to do so has resulted in significant cost reductions.

My thanks to all Council and staff members for their hard work, their collegiality and their commitment to midwifery regulation.

Sharron Cole
Chief Executive and Registrar

Table 1
Summary of expenditure – 2012 to 2013



Registration Of, And Practising Certificates For, Midwives

a. Scopes of practice

The Council has the responsibility to:

- specify the midwifery scope of practice

Although the scope of practice of a midwife remains unchanged, in early 2013 the topic of frenotomy and the midwife's role in the assessment, diagnosis and treatment of tongue tie was raised. The Council plans to review the midwife's role in this process over the course of 2013.

b. Accreditation

The Council has the responsibility to:

- accredit and monitor the institutions offering the pre-registration Midwifery programme
- set standards for the Midwifery pre-registration programme

Pre-registration education

The Bachelor of Midwifery programmes are delivered at four schools of midwifery – Auckland University of Technology (AUT), Waikato Institute of Technology (WINTEC), Christchurch Polytechnic Institute of Technology (CPIT) and Otago Polytechnic. The last graduates of the Massey University Bachelor of Midwifery programme sat the National Midwifery Examination in December 2012.

The schools deliver the four-year (480 credit) programme over three extended academic years in order to maximise opportunities for midwifery practice experiences and consolidation.

As required by the Council's 2007 pre-registration midwifery education standards, each student gains the following experience:

- Minimum of 4800 hours of theory and practice = 4 academic years
- Minimum 2400 practice hours and 1920 theory hours
- Specific placements in secondary and tertiary maternity facilities, neonatal intensive care units,

primary maternity facilities, community primary health services and with case load midwives

- 1280 hours (or 80%) of supervised midwifery practice in the final year
- Minimum of 40 facilitated births; care of minimum 40 women with complications during pregnancy, birth or the postnatal period; 100 each of antenatal, postnatal and newborn assessments; 25 women followed through pregnancy, labour, birth and the postnatal period. No more than two placements with the same midwife
- All students must complete in four academic years or seek continuance from the Midwifery Council

Formal satellites are established across New Zealand, enabling students to remain in their communities for much of their midwifery programme, travelling only for essential experiences unavailable locally. Off-site student learning has been made possible by new technologies such as Adobe connect, videoconferencing, and online learning formats which enable connection between students and staff. This flexible model of programme delivery is helping to address midwifery workforce shortages, particularly in provincial and rural New Zealand. It has led to an increase in student numbers across all programmes, including an increase in Māori and Pasifika student numbers.

Monitoring of Schools of Midwifery

The Council decided that it would review the approved programmes of education in the year after the first graduates from the courses against the 2007 standards were entered onto the Register of Midwives. In 2012 it reviewed CPIT and Otago Polytechnic.

The Council was reassured that students from these programmes are meeting the requirements for Entry to the Register of Midwives. Further, there was widespread feedback that the programmes of education which have been designed to ensure that the graduates are confident and competent to practise midwifery in the New Zealand maternity environment, are fulfilling that expectation. It also confirmed previous anecdotal reporting that there is:

- Increased proficiency with practical skills
- Earlier integration of theory and practice
- Increased confidence in final year students
- Perception of earlier 'readiness' for practice

National Midwifery Examination

A pass in the National Midwifery Examination is one of the requirements for Entry to the Register of Midwives. In March 2012, 21 out of 23 candidates attained a pass; in December 2012, all 112 students attained a pass. The success rates for each school of midwifery for 2012 are shown in Table 2.

Table 2
National Midwifery Examination passes 2012

School	Numbers sitting	Numbers passed	% passed
AUT*	13	13	100
WINTEC	52	51	98
Massey	13	13	100
CPIT	21	21	100
Otago	36	35	97

*AUT numbers are lower for 2012 because the first graduates of the extended academic programme sat the examination in March 2013. All 58 who sat passed.

c. Registration

The Council has the responsibility to:

- set standards of competence required for entry to the Register of midwives
- assess applications and authorise registration
- set and monitor individual competence programmes for newly registered internationally qualified midwives

Midwives make applications to register and payment online. All applications are assessed to ensure that applicants satisfy the requirements for registration as set out in s16 of "the Act".

Table 3

Applications for registration decided in the 2012 – 2013 year

	HPCAA Section	Number	Outcomes		
			Registered	Registered with conditions	Not registered
Total	15		167	34	14*
Reasons for non-registration*					
Qualifications did not meet required standard	15 b				11
Did not meet the competencies for practice	15 c				
Communication including English language requirements	16 a,b				
Conviction by any court for 3 months or longer	16 c				
Mental or physical condition	16 d				
Professional disciplinary procedure in NZ or overseas, otherwise under investigation	16 e,f,g				
Other – danger to health and safety	16 h				

* In three cases, the application was withdrawn by the applicant. In the other eleven cases, the applicant did not complete the application and was therefore declined by Council although no request for withdrawal was received.

Table 4

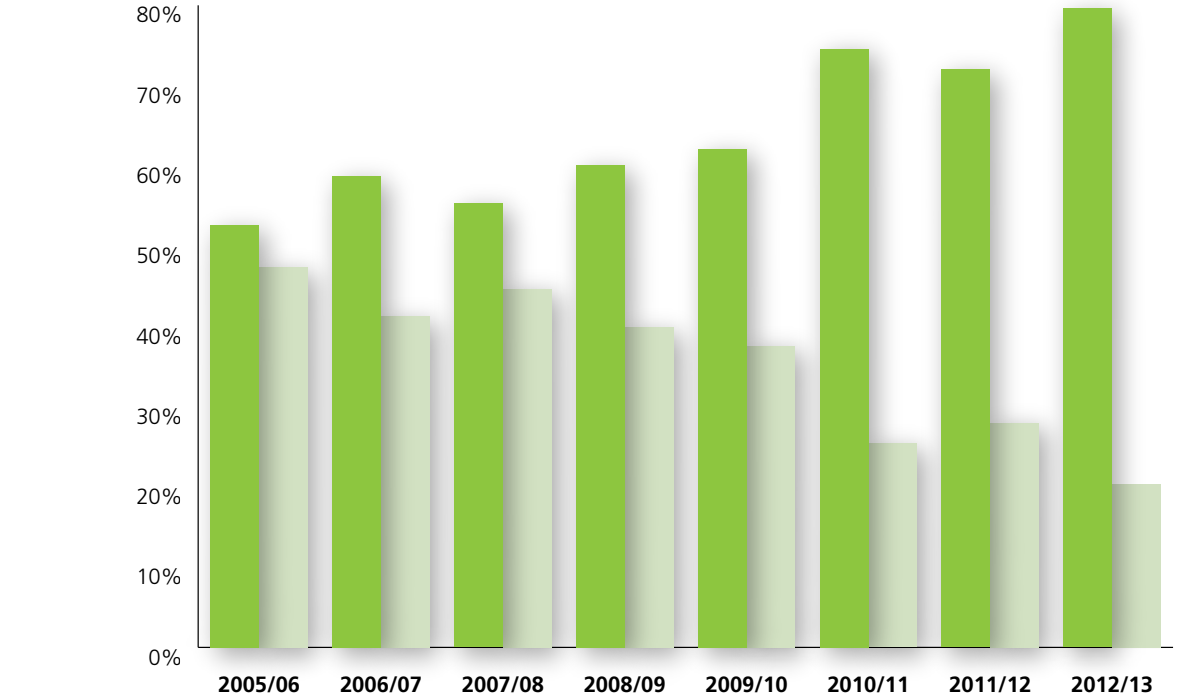
Number of Midwives registered between 1 April 2012 and 31 March 2013 with comparisons with previous years

Type/Year	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
New Zealand graduates	103	108	109	107	126	129	149	133**
Australian entitled under TTMRA*	11	7	17	11	13	7	12	8
Internationally qualified	82	69	71	60	63	37	46	26
Total	**196**	**184**	**197**	**178**	**202**	**173**	**207**	**167**

* Trans Tasman Mutual Recognition Act 1997
** See note re AUT graduates in Table 2 National Midwifery Examination above.

Table 5

Percentage of registrations between 1 April 2012 and 31 March 2013 with comparisons with previous years: New Zealand graduates compared to all internationally qualified midwives



	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
NZ Graduates	52.6%	58.7%	55.3%	60.1%	62.1%	74.6%	72%	79.6%
Overseas	47.4%	41.3%	44.7%	39.9%	37.6%	25.4%	28%	20.4%

Midwifery First Year of Practice Programme

The Midwifery First year of Practice programme (MFYP) was implemented in 2007 and almost all new graduate midwives apply for and are accepted into the programme. The MFYP is a joint collaboration between the Midwifery Council and the New Zealand College of Midwives and is funded by Health Workforce New Zealand.

Since its establishment in 2004, the Council has had little cause for concern around the performance of new graduates. Between 2004 – 2013, the Council has received nine complaints regarding new graduate midwives, four of which were found to involve some competence issues. At the same time 1078 new graduates have been entered onto the Register of Midwives.

Although the number of complaints is small, the Council is mindful of its role to protect the safety of the public by ensuring midwives are competent to practise. It also understands that the public must have confidence that the practice of new graduates does not put them at greater risk. It therefore supports any initiatives which will further enhance the support and guidance to new graduate midwives and has worked during the year on proposals which would:

- Make MFYP compulsory
- Provide a mechanism for improved regulatory oversight by the Council through establishment of reporting lines by the provider of the programme to the Council
- Increase funding to enable clinical attendance by an experienced midwife to support the new graduate in clinical practice when required

The Council is also a party to a research project that is a retrospective exploration of the programme with the aim of exploring whether the programme has supported the transition to practice and the retention of new graduates within the profession.

Programme Framework	Programme Components – Graduate	Programme Components – Mentor
Competencies for Entry to the Register of Midwives	Mentorship – minimum 32 hours required and up to 56 hours funded	Mentorship – minimum 32 hours required and up to 56 hours funded
Scope of Practice	Education and professional development – minimum of 69 hours required and up to 80 hours funded	Mentor development and support for new mentors – 24 hours
Standards of Midwifery Practice	Familiarisation (part of professional development) and feedback (part of mentoring) sessions	Mentor development and support for returning mentors – 16 hours
Midwifery Standards Review	Experiential learning – individual work setting	
	MFYP Midwifery Standards Review and MFYP Confident Midwife Profile	

Competence Programmes for internationally qualified midwives

All internationally qualified midwives are required to undertake this competence programme which addresses aspects of midwifery practice which are unique to New Zealand. The programme comprises the following components:

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

Internationally qualified midwives are required to submit a plan within six months of registration, detailing how they will complete the requirements of the programme within a two year period. All courses, except for the Treaty of Waitangi workshop, have been made available online to facilitate access and timely completion.

Since February 2013, the Council has placed additional requirements around internationally qualified new graduate midwives. These include requirements to:

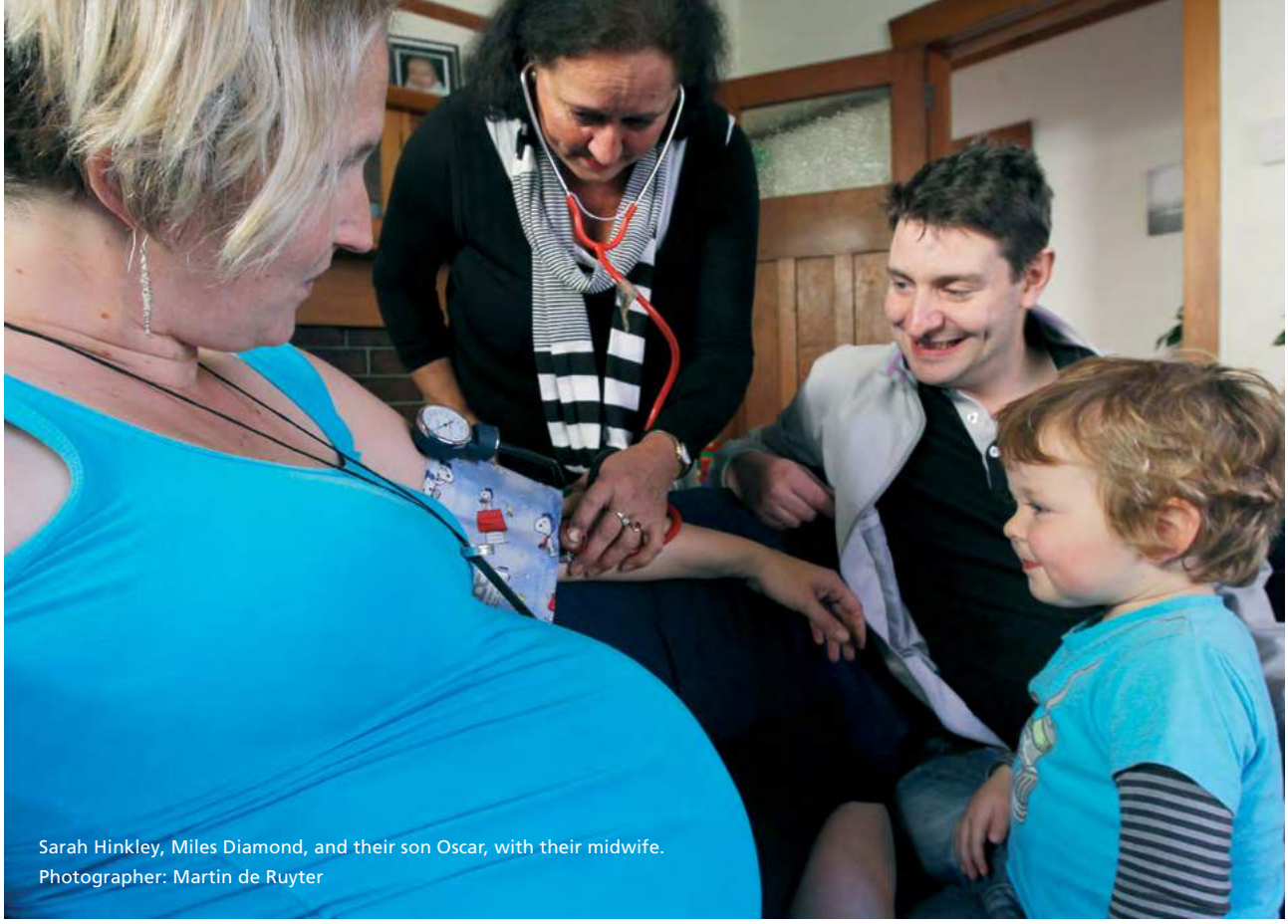
1. Develop a professional development plan and outline how they will meet the requirements of the Recertification Programme and the Overseas Competence Programme
2. Practise in a hospital facility
3. Practise under supervision. The Council receives reports from the supervisors on a regular basis. The purpose of the report is to advise the Council about the midwife's integration into New Zealand practice and to raise any concerns which need to be addressed

d. Practising certificates

The Council has the responsibility to:

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

The number of midwives leaving practice either temporarily or permanently has declined since the years immediately following the introduction of "the Act" and the Council assumption of the responsibility for the regulation of midwives. During the 2006–2008 period the number leaving the workforce each year was ten to fourteen percent. The number leaving the workforce each year in the 2011–2013 period was five to six percent. The number entering practice after a temporary absence, after a longer period of absence, or as newly registered midwives, is also at increased levels. This has resulted in a steady increase in the size of the practising workforce.



Sarah Hinkley, Miles Diamond, and their son Oscar, with their midwife.
Photographer: Martin de Ruyter

Table 6
Applications for an annual practising certificate 2012/13

	HPCAA Section	Number	Outcomes			
			APC no conditions	APC with conditions	Interim	No APC
Total *			2946	119	826	
Reasons for non-issue of Practising Certificate						
Failed to demonstrate required standard of competence	27 (1) a	3	-	-	-	3
Failed to comply with a condition	27 (1) b	-	-	-	-	-
Not completed required competence programme satisfactorily **	27 (1) c	9	-	-	-	9
Recency of practice	27 (1) d	-	-	-	-	-
Mental or physical condition	27 (1) e	-	-	-	-	-
Not lawfully practising within 3 years ***	27 (1) f	-	-		-	-
False or misleading application	27 (3)	-	-	-	-	-

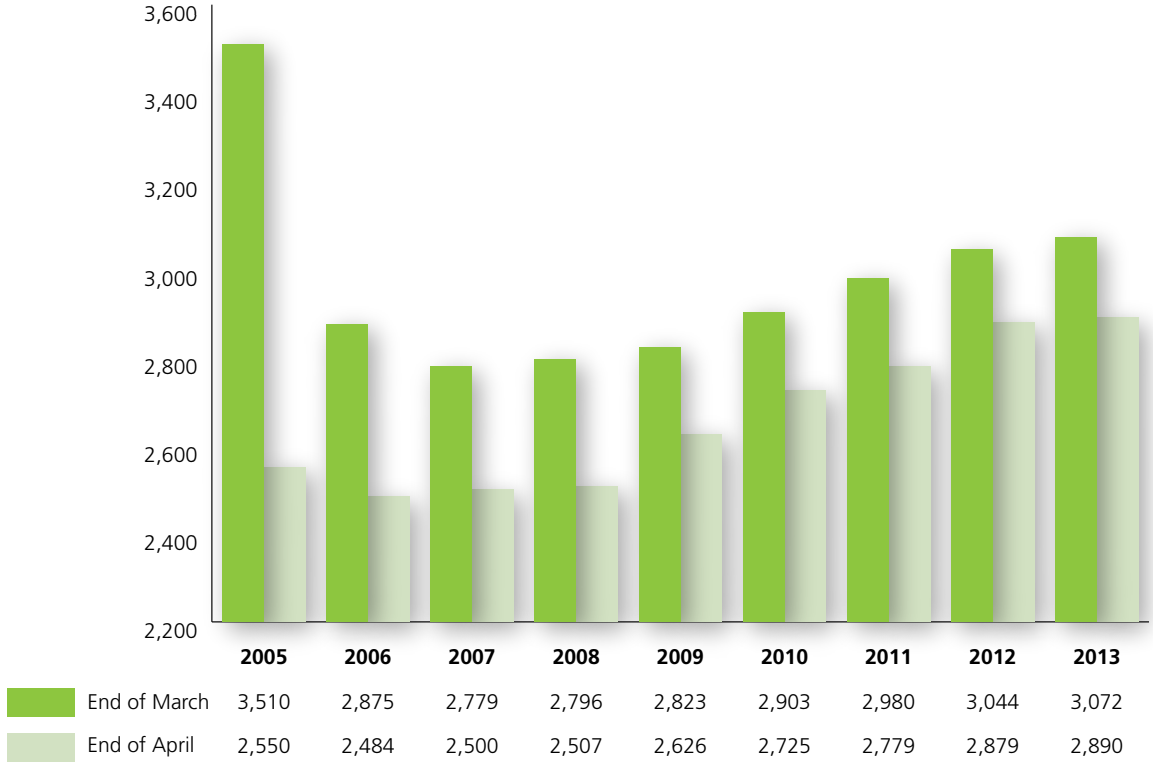
* Some midwives held more than one practising certificate during the period - one or more interim practising certificates were granted. A total of 3,891 practising certificates were issued to 3,099 midwives during the period.

** Most midwives with overdue recertification programme items, or overdue overseas competence programme items, were granted a short term interim practising certificate. Nine midwives were declined a practising certificate. Most midwives successfully completed the programme and were subsequently granted an annual practising certificate.

*** Midwives who had not practised in the three years prior to applying for an annual practising certificate are required to complete a return to practice programme approved by Council.

Table 7

Comparative figures of midwives holding a practising certificate at the end of the year and at the beginning of the following year



	2005	2006	2007	2008	2009	2010	2011	2012	2013
End of March	3,510	2,875	2,779	2,796	2,823	2,903	2,980	3,044	3,072
End of April	2,550	2,484	2,500	2,507	2,626	2,725	2,779	2,879	2,890

Fees

The Council maintained the fee for an annual practising certificate at $350 but imposed a disciplinary levy of $50 because of the large deficit in the disciplinary reserve fund. In accordance with the plan to reduce its financial reserves, the Council continued to subsidise the cost by $100 of one Midwifery Standards Review per midwife every two years. However, as the reserves have now been reduced to the targeted level, the subsidy will no longer be paid in the 2013/14 financial year.

Return to Practice Programme

The Council has the responsibility to:

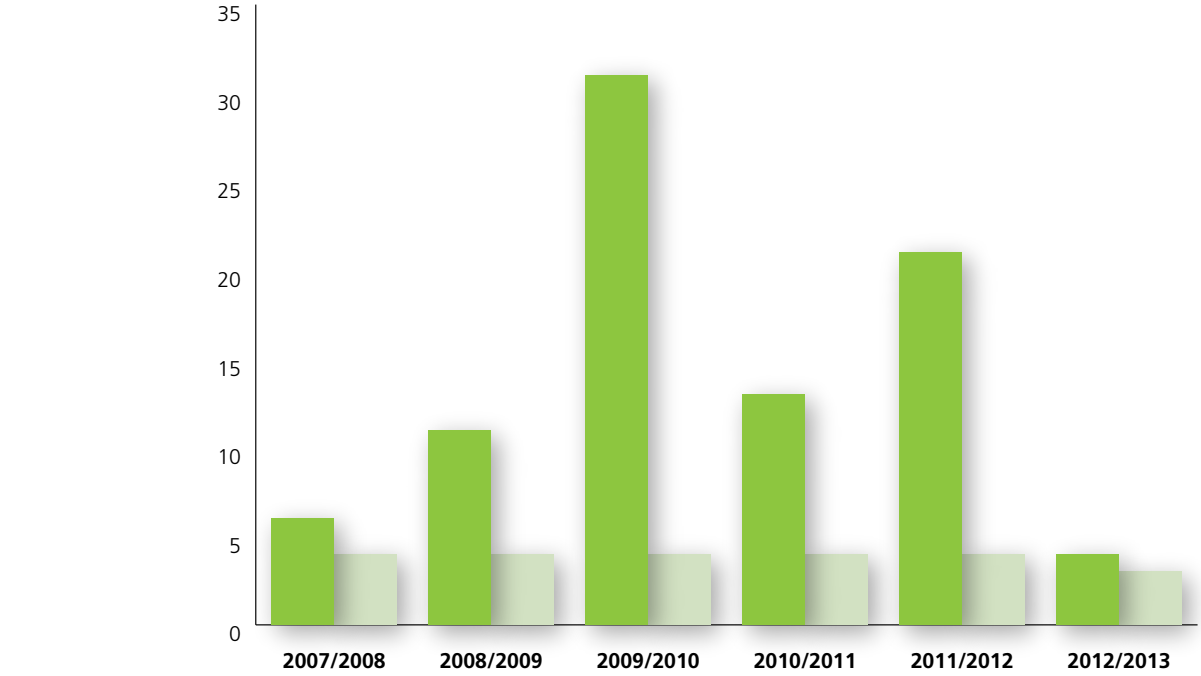
- set and monitor individual competence programmes for midwives returning to midwifery after three years or more

Midwives who seek to return to work as a midwife after an absence of more than three years must demonstrate their competence to practise by completing a formal Return to Practice Programme agreed with the Council. During the year, four programmes approved in the previous year were carried over and nine new programmes approved. Four midwives completed their programme and were granted unrestricted annual practising certificates, three midwives did not complete their programme, and six midwives were still undertaking their programme.

The Return to Practice programme requirements for all midwives who have taken a break of more than three years were released in the 2011–2012 year and are available on the Council website www.midwiferycouncil.health.nz/return-to-practice-programmes/

Table 8

Number of formal Return to Practice programmes finished each year between 2007/2008 and 2012/2013



	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013
Completed	6	11	31	13	21	4
Did not complete	4	4	4	3	4	3

Photographer: Martin de Ruyter

3 COMPETENCE, FITNESS TO PRACTISE AND QUALITY ASSURANCE

The Council has the responsibility to:

- provide mechanisms for improving the competence of midwives and for protecting the public from health practitioners who practise below the required standard of competence or who are unable to perform the required functions

a. Performance

The Council encourages the midwifery profession to engage in a process of self-reflection and professional development which will improve standards of midwifery care and contribute to quality improvement in the midwifery workforce. The public is also reassured by a midwifery workforce that demonstrates competence, conscientiousness and engagement in the profession.

In setting the competence standards and establishing a process by which to determine the ongoing competence of midwives, the Midwifery Council resolved that all registered midwives must participate in its Recertification Programme in order to meet the competence requirements necessary for a practising certificate to be issued.

Individual midwives' participation in the Recertification Programme is monitored through the registration database and by random audit of midwives' portfolios. In 2012/13, the portfolios of 183 midwives were audited. The Council also issues time-limited practising certificates when midwives have overdue Recertification Programme requirements, with full practising certificates only being issued when all requirements are up to date.

Competence reviews

The number of formal competence reviews undertaken by the Council decreased slightly in 2012/13, although the number of midwives voluntarily undertaking competence programmes increased. The review tools now commonly include Objective Structured Clinical Assessments (OSCAs) in which the components of clinical competence such as history taking, physical examination, procedures, documentation, communication, multidisciplinary working attitude, reference to standards, referral guidelines and professional behaviour are tested against evidence-based standards for practice.

The Council continues to ensure that panel members are representative of the practice context of the midwife undertaking the competence review. The Council has a pool of experienced midwives nominated by the profession from which to draw for competence review panels or to conduct case reviews.

Members of competence review/case review panels during the 2012–2013 year were:

Lynley Allott
Robyn Cronin
Beryl Davies
Kay Jones
Estelle Mulligan
Adrienne Priday
Debbie Souness
Stephanie Vague
Korina Vaughn (Council member)
Andrea Vincent (Council member)
Nimisha Waller

Table 9
Competence referrals *

Source	HPCAA Section	Number
Health Practitioner (Under RA)	34 (1)	17
Health and Disability Commissioner	34 (2)	10
Employer	34 (3)	-
Other		7
Total		34

* These comprise all notifications about a midwife's practice received by the Council, with the exception of health. After receipt, they are referred as required to the Health and Disability Commissioner under s64 of the HPCAA and to the Sorting Committee which recommends to the Council whether the notification involves competence, fitness to practise (health) or conduct.

Table 10
Outcomes of competence referrals

Outcomes	HPCAA Section	Number			
		Existing (at 1 April 2012)	New	Closed	Still active
No further action		Not applicable	6	10	Not applicable
(Total number) Initial inquiries	36	30	37	40	28
Notification of risk of harm to public	35	2	-	-	-
Orders concerning competence	38	12	5	6	8
Interim suspension/conditions	39	20	*	-	-
Competence programme	40	5	7	2	9
Recertification programme	41	-	-	-	-
Unsatisfactory results of competence or recertification programme	43	-	-	-	-

*Two midwives who were advised the Council was considering suspension made the decision to retire from practice and returned their practising certificates to the Council

b. Recertification/continuing competence

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 the Council that they are competent and safe to practise.

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 three years
  - Annual neonatal resuscitation update
  - Annual adult CPR update at level 4 (and including resuscitation of the pregnant woman)
  - Breastfeeding update workshop once every three years

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

*** From 2011–2014, Technical Skills workshops will have the following components:

Midwifery emergency refresher (Day 1)

- Undiagnosed breech birth
- Shoulder dystocia
- Cord prolapse
- Management of PPH
- Documentation to be linked into all emergency situations

Midwifery Practice Topics (Day 2)

- Fetal assessment and wellbeing including:
  - Measuring fetal growth, recognising IUGR and babies that are large for dates
  - Estimating fetal weight, weight parameters and the correct and appropriate use of growth charts
  - Monitoring decreased fetal movements
  - Listening to the fetal heart
- Documentation to be linked through all topics.
- Pharmacology and prescribing
  - The process of prescribing (revision on legal requirements including ability to prescribe, documentation of prescribing, assessments and responses to treatment for a number of clinical scenarios)
  - Current best practice prescribing for a number of clinical topics
- Appropriate management of the third stage of labour
- Documentation to be linked through all topics

Recertification audit

The Council continues to audit midwives' engagement in recertification. Through its registration database, it links the issuing of annual practising certificates to demonstrated engagement in the Recertification Programme. Those midwives who were unable to satisfy the Council of full engagement were required to undertake specific activities within defined time frames, with a number being issued with interim practising certificates until requirements were met.

Midwifery Standards Review

The Council has contracted the College of Midwives to conduct Midwifery Standards Reviews as part of its Recertification Programme since 2005. All midwives are expected to undertake Midwifery Standards Review biennially. Depending on the outcomes of the review this timeframe may be lengthened to three yearly or shortened to a further review being required in six or twelve months. The purpose of the review is to assist midwives with their ongoing professional development by reflecting on their practice with midwifery and consumer reviewers.

Statement on Cultural Competence

The Statement on Cultural Competence which explains 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, was formally adopted by the Council in 2011. In 2012, Otago Polytechnic made available a cultural competence course for internationally qualified midwives to provide them with the knowledge and skills required to achieve the Competencies for Entry to the Register of Midwives that relate to cultural competence in the New Zealand context.

c. Health/fitness to practise

The Council has the responsibility to:

- protect the public by ensuring midwives are fit to practise

The Council received five new notifications of concern about a midwife's health which had affected her practice and five midwives self-disclosed a condition which would potentially affect them. All midwives were referred to the Health Committee which has delegated authority from the Council to make decisions relating to midwives' health. As at 31 March 2013, two of the ten midwives were not currently working, three had been discharged from the Health Committee and the remaining five were working under monitoring programmes which are designed to support midwives' return to work while also protecting the health and safety of the public.

Five midwives remained under Health Committee monitoring following referrals in the previous year.

Table 11

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

Source	HPCAA Section	Numbers			
		Existing (at 1 April 2012)	New	Closed	Still active
Health service	45 (1) a	1	-	-	1
Health practitioner	45 (1) b	3	-	2	1
Employer	45 (1) c	2	4	2	4
Medical officer of health	45 (1) d	-	-	-	-
Any person	45 (3)	6	6	6	6
Person involved with education		-	-	-	-

Table 12

Outcomes of health notifications

Outcomes	HPCAA Section	Number of practitioners
No further action		2
Order medical examination	49	3
Total		
Interim suspension	48	-
Conditions	48	5
Restrictions imposed	50	-

d. Quality assurance activities

While the Council conducted a number of quality assurance activities during the year, it did not make any applications for the activities to be protected under s54 of "the Act".

4 COMPLAINTS AND DISCIPLINE

The Council has the responsibility to:

- act on information received about the competence and conduct of midwives
- monitor midwives who are subject to conditions following disciplinary action

a. Complaints

Table 13

Complaints from various sources and outcomes during 2012 – 2013 year*

Source	Number	Outcome		
		No further disciplinary action**	Referred to Professional Conduct Committee	Referred to the Health and Disability Commissioner
Consumers	6			6
Health and Disability Commissioner	8	8		Not Applicable
Health Practitioner (Under RA)	14	12	1	5
Other Health Practitioner				
Courts notice of conviction	1		1	
Employer				
Other	5	3	2	1

* These comprise complaints about a midwife's practice received by the Council. After receipt, they are referred as required to the Health and Disability Commissioner under s64 of "the Act" and to the Sorting Committee which recommends to the Council whether the notification involves competence or conduct issues.

** No further action for conduct in 11 cases but 19 midwives were referred for competence review or a competence programme was put in place.

b. PCC

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

Members of Professional Conduct Committees during the 2012–2013 year were:

Sandy Gill (Chair)
Bernard Kendall (Chair)
Kerry Adams
Kay Faulls
Debbie Fawcett
Suzanne Miller
Barbra Pullar
Helenmary Walker
Jenny Woodley

Table 14
Professional Conduct Committee cases

Nature of issue	Source	Number	Outcome
Fraudulent claiming			
Concerns about standards of practice	Council	2	Referral to HPDT x 1 Still in process x 1
Notification of conviction		1	NFA
Theft	-	-	-
Conduct	Consumer(1)	1	Counselling, further education
Practising outside scope	-	-	-
Practising without annual practising certificate	Council Secretariat	1	Referral to HPDT x 1
Other	-	-	-

a. Health Practitioners Disciplinary Tribunal

There were two hearings involving midwives before the Tribunal during 2012/13. The midwife who was referred by the Professional Conduct Committee was found guilty of professional misconduct. The Director of Proceedings for the HDC laid charges against a midwife for failing to disclose a long term health condition. The midwife was found not guilty.

The Professional Conduct Committee laid charges against three midwives during 2012/13. All were still in process as at 31 March 2013.

The Tribunal, when hearing a charge involving a midwife, comprises a chairperson who is a lawyer, three midwives and a layperson. All Tribunal members are appointed by the Minister of Health.

b. Code of Conduct

The Council has the statutory responsibility to set standards of ethical 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. Following extensive consultation during 2010, the Council adopted a Code of Conduct in 2011. All practising midwives received a copy and it is distributed each year to all students enrolled in the Bachelor of M idwifery degree.

5 APPEALS AND JUDICIAL REVIEWS

There were no appeals or judicial reviews of decisions made by the Council in 2012/13.

6 LINKING WITH STAKEHOLDERS

The Council has the responsibility to:

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

National forum – The Council holds annual fora to provide an opportunity for the Council to discuss policies and processes and for the profession, stakeholders and consumers to give informal feedback to the Council. This year, the forum was held in Wellington.

eMidpoint – The Council has continued to publish its monthly electronic newsletter. As well as being sent by email to all midwives and other stakeholders, the newsletter is also published on the Council's website.

New Zealand College of Midwives – There are three critical pillars necessary to create and maintain a high quality midwifery workforce – midwifery education programmes, regulatory frameworks and professional association. The Council understands all three pillars need to be strong and maintains a warm collegial working relationship with the College as the professional association. The Council also had its yearly meeting with the College to discuss matters of mutual interest. The Midwifery Advisor attended the annual midwifery educators' workshop, hosted by the College. All Council members also attended the biennial conference held in 2012 in Wellington.

Ministry of Health – The Council has met with the Senior Maternity Advisor on a number of occasions during the year.

District Health Boards – The Council visited a number of District Health Boards during the year to meet informally with core and community-based midwives. It also met with the midwifery leaders' and women's health managers' groups.

Australian Nursing and Midwifery Accreditation Council – The Council signed a Memorandum of Understanding with ANMAC to cooperate and liaise over Trans-Tasman midwifery matters relating to the education, accreditation and assessment of midwives.

International Consultative Committee – Sharron Cole is the Council representative on this ANMAC committee which considers issues relating to the assessment of the qualifications of international nursing and midwifery applicants to ensure that policies, procedures and information management meet best practice and thus the health and safety of the public are protected.

7 HEALTH REGULATORY AUTHORITIES NEW ZEALAND COLLABORATIONS

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 was involved in the HRANZ collaboration to:

- agree on the approach and develop the template for annual reports – either based on Section 118 or on selected parts of "the Act" 2003
- develop a template to make consistent governance statements
- develop a template for standardised financial reporting
- ensure liaison between HRANZ strategic and operational groups
- cost containment

The Council has actively participated in HRANZ, both in the operational and strategic meetings. The proposed consolidation of the secretariats has continued to dominate the work of HRANZ over the year, with agreement being reached to develop a detailed business case for a Shared Secretariat Organisation. The Midwifery Council was represented on the working party by Council member Lee Mathias.

8 FINANCE

MIDWIFERY COUNCIL OF NEW ZEALAND

STATEMENT OF FINANCIAL PERFORMANCE
FOR THE YEAR ENDED 31 MARCH 2013

	Notes	2013 $	2012 $
REVENUE			
Registration Fees		74,348	87,435
Annual Practising Certificates		881,757	867,545
Disciplinary Levy		134,484	0
Examinations		30,344	29,740
Conditions & Monitoring		5,218	7,739
Interest Income		41,712	45,853
Other Income		16,053	4,261
TOTAL REVENUE		1,183,916	1,042,573
LESS EXPENDITURE			
Accounting		9,760	2,750
Annual Report		4,494	5,228
Audit Fees		7,287	5,229
Bank Charges		11,895	13,288
Cleaning		3,185	3,185
Committee Member Expenses		123,653	136,880
Computer Expenses		24,911	17,593
Conferences & Seminars		14,455	25,992
Consultants		5,578	18,260
Council Member Fees		42,620	40,148
Debt Collection		2,068	0
Depreciation		30,316	31,354
Amortisation		86,830	67,583
Equipment Hire		6,471	7,723
Examination Expenses		6,738	7,189
Forum		5,096	13,920
General Expenses		3,879	8,175
HPDT Costs		56,698	1,630
Indemnity Insurance		7,990	7,312
Legal Fees		1,619	8,275
NZCOM Subsidy		126,800	288,245
Postage & Couriers		9,144	17,627
Power		2,872	2,836
Printing & Stationery		10,881	18,431
Professional Conduct Committee Expenses		20,382	37,283
Provision for Doubtful Debts		0	(33,525)
Publications		1,913	666
Recertification Audits		6,627	12,916
Rent		60,106	59,549
Room Hire		1,650	0
Salaries		484,997	481,488
Security		529	411
Staff Recruitment		7,888	8,463
Teleconferencing		-	1,330
Telephone & Internet		12,820	12,140
Training Provider Audits		82	1,863
Travel and Accommodation		41,850	39,159
Website Maintenance		15,943	13,956
TOTAL EXPENDITURE		1,260,026	1,384,552
NET SURPLUS/(DEFICIT)		**(76,110)**	(341,978)

MIDWIFERY COUNCIL OF NEW ZEALAND

STATEMENT OF MOVEMENTS IN EQUITY
FOR THE YEAR ENDED 31 MARCH 2013

	Notes	2013 $	2012 $
Equity at Beginning of Year		943,680	1,285,658
Net Surplus/(Deficit) for Year		(76,110)	(341,978)
EQUITY AT END OF YEAR		867,570	943,680

MIDWIFERY COUNCIL OF NEW ZEALAND

STATEMENT OF FINANCIAL POSITION
AS AT 31 MARCH 2013

	Notes	2013 $	2012 $
CURRENT ASSETS			
Westpac Cheque Account		192,201	523,504
Term Deposits		1,465,932	1,165,745
Accounts Receivable	4	151,983	105,251
Prepayments		31,470	15,606
Accrued Income		5,434	0
TOTAL CURRENT ASSSETS		1,847,020	1,810,106
NON-CURRENT ASSETS			
Property, Plant & Equipment	2	65,269	95,584
Intangible Assets	3	170,839	230,755
Artwork		5,500	5,500
Work in Progress		982	6,301
TOTAL NON CURRENT ASSETS		242,590	338,139
TOTAL ASSETS		2,086,455	2,148,245
CURRENT LIABILITIES			
Accounts Payable		83,531	69,555
Accrued Expenses		13,274	5,185
GST Payable		121,031	97,032
Employee Entitlements	5	46,774	40,827
PAYE Payable		4,146	13,616
Income Received in Advance		966,083	978,351
TOTAL CURRENT LIABILITIES		1,222,040	1,204,566
TOTAL LIABILITIES		1,222,040	1,204,566
NET ASSETS		867,570	943,680
Represented By:			
EQUITY		867,570	943,680

For and on behalf of the Council

Chairperson : _____

Registrar : _____ Date : 16/8/2013

MIDWIFERY COUNCIL OF NEW ZEALAND

NOTES TO THE 2013 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.

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.

UNCERTAINTY ABOUT THE DELIVERY OF FUTURE OFFICE FUNCTIONS
In February 2011, Health Workforce New Zealand (HWNZ), on behalf of the Minister of Health (the Minister), issued a consultation document proposing a single shared secretariat and office function for all 16 health regulatory authorities.

In late 2012 HWNZ funded a detailed business case for the establishment of a shared secretariat organisation. This is being considered by each of the 16 health regulatory authorities.

The proposals, if they proceeded, would likely have a significant effect on the Midwifery Council. We have not quantified the possible effect.

Until a decision is made, there is uncertainty about the form in which our office functions will be delivered in future.

2. PROPERTY, PLANT & EQUIPMENT

	Cost $	Depreciation 2013 $	Accumulated Depreciation $	Book Value 2013 $
Computer	88,651	13,709	64,962	23,689
Office Equip	15,082	1,704	14,733	349
Furniture & Fittings	63,775	7,933	42,290	21,485
Leasehold	44,609	6,969	24,864	19,745
	212,117	30,315	146.849	65,268

	Cost $	Depreciation 2012 $	Accumulated Depreciation $	Book Value 2012 $
Computer	88,651	12,420	51,253	37,398
Office Equip	15,082	2,405	13,028	2,054
Furniture & Fittings	63,775	7,933	34,357	29,418
Leasehold	44,609	8,596	17,895	26,714
	212,117	31,354	116,533	95,584

3. INTANGIBLE ASSETS

	Cost $	Amortisation 2013 $	Accumulated Amortisation $	Book Value 2013 $
Software	93,502	5,323	93,001	500
Website	355,314	81,507	184,976	170,339
	448,816	86,830	277,977	170,839

	Cost $	Amortisation 2012 $	Accumulated Amortisation $	Book Value 2012 $
Software	93,502	6,597	87,678	5,824
Website	328,201	60,986	103,271	224,931
	421,703	67,583	190,949	230,755

4. ACCOUNTS RECEIVABLE

Accounts Receivables are shown net of impairment losses. For the current year, the impaired losses amounted to $Nil (2012: $108,865), which reduced income arising from the unlikely collection of imposed HPDT fines.

5. EMPLOYEE ENTITLEMENTS

	2013	2012
	$	$
Salary Accrued	(3,905)	12,455
Leave Accrued	46,774	28,371
	42,869	40,827

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:

	2013	2012
	$	$
Due in 1 year	59,292	53,539
Due between 1-2 years	41,769	52,450
Due between 2-5 years	6,251	34,967

7. RELATED PARTY TRANSACTIONS

There were no related party transactions during the year. (2012: Nil). There was no balance outstanding at the year end (2012: Nil)

8. CONTINGENT LIABILITIES AND CAPITAL COMMITMENTS

There were no contingent liabilities as at balance date (2012: $21,198).

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.

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(formerly PKF Martin Jarvie)
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Wellington 6011
New Zealand

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Wellington 6140
New Zealand

Telephone 64 4 472 7919
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info@stapleswellington.co.nz
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staplesrodway
CHARTERED ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT TO THE READERS OF MIDWIFERY COUNCIL OF NEW ZEALAND'S FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2013

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 Staples Rodway Wellington, to carry out the audit of the financial statements of the Council on her behalf.

We have audited the financial statements of the Council on pages 1 to 7, that comprise the statement of financial position as at 31 March 2013, the statement of financial performance, and statement of movements in equity for the year ended on that date and the notes to the financial statements that include accounting policies and other explanatory information.

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 2013; and
  - financial performance for the year ended on that date.

Uncertainty about the delivery of office functions in future

Without modifying our opinion, we draw your attention to the disclosure in note 1 on page 5 regarding a proposal for combining the secretariat and office functions of the Council with other health-related regulatory authorities. We considered the disclosure to be adequate.

Our audit was completed on 16 August 2013. This is the date at which our opinion is expressed.

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

Basis of opinion

We carried out our audit in accordance with the Auditor-General's Auditing Standards, which incorporate the International Standards on Auditing (New Zealand). Those standards require that we comply with ethical requirements and plan and carry out our audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

Material misstatements are differences or omissions of amounts and disclosures that, in our judgement, are likely to influence readers' 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.

An audit involves carrying out procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgement, including our assessment of risks of material misstatement of the financial statements whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the preparation of the Council's financial statements that fairly reflect the matters to which they relate. We consider internal control in order to design audit procedures that are appropriate in the circumstances but not for the purpose of expressing an opinion on the effectiveness of the Council's internal control.

staplesrodway
CHARTERED ACCOUNTANTS

An audit also involves evaluating:

- the appropriateness of accounting policies used and whether they have been consistently applied;
- the reasonableness of the significant accounting estimates and judgements made by the Council;
- the adequacy of all disclosures in the financial statements; and
- the overall presentation of the financial statements.

We did not examine every transaction, nor do we guarantee complete accuracy of the financial statements. Also we did not evaluate the security and controls over the electronic publication of the financial statements.

We have obtained all the information and explanations we have required and we believe we have obtained sufficient and appropriate audit evidence to provide a basis for our audit opinion.

Responsibilities of the Council

The Council is responsible for preparing financial statements that:

- comply with generally accepted accounting practice in New Zealand; and
- fairly reflect the Council's financial position, and financial performance.

The Council is also responsible for such internal control as it determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Council is also responsible for the publication of the financial statements, whether in printed or electronic form.

The Council's responsibilities arise from the Health Practitioners Competence Assurance Act 2003.

Responsibilities of the Auditor

We are responsible for expressing an independent opinion on the financial statements and reporting that opinion to you based on our audit. Our 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 External Reporting Board.

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

Robert Elms
Staples Rodway Wellington
On behalf of the Auditor-General
Wellington, New Zealand

9 CONTACT DETAILS

SECRETARIAT

Staff members of the Midwifery Council at 31 March 2013 were:

Chief Executive and Registrar:	Sharron Cole
Deputy Registrar:	Nick Bennie
Midwifery Advisor:	Susan Calvert
Accounts and Registration:	Marilyn Pierson
Programmes Manager:	Andy Crosby
Administrator:	Christine Whaanga
Assistant Administrator:	Judith Norman

LEGAL ADVISORS

Matthew McClelland
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Wellington 6143

Andrew S. McIntyre (for PCC)
Beachcroft NZ
PO Box 5530
Wellington 6145

ACCOUNTANTS

Crowe Horwath (NZ) Ltd (formerly WHK Wellington)
PO Box 11 976
Manners St
Wellington 6142

BANKERS

Westpac
PO Box 691
Wellington 6011

Kiwibank
Wellington

All correspondence to the Council should be addressed to:

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Wellington 6142

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Te Tatau o te Whare Kahu
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of new zealand