



Midwifery Council
Te Tatau o te Whare Kahu

ANNUAL REPORT OF THE MIDWIFERY COUNCIL OF NEW ZEALAND

TO THE MINISTER OF HEALTH
FOR THE YEAR TO 31 March 2019



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



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 whanau. 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 February 2007.

CONTENTS

05

INTRODUCTION

06

GOVERNANCE

12

SECRETARIAT

26

COMPETENCE, FITNESS TO PRACTISE AND QUALITY

32

COMPLAINTS AND DISCIPLINE

34

APPEALS AND JUDICIAL REVIEWS

35

LINKING WITH STAKEHOLDERS

39

FINANCE

55

CONTACT DETAILS

Facts at a glance

- **3309** practising midwives (3210 in 2018)
- Registered **173** New Zealand educated midwives (146 in 2018)
- Registered **43** internationally qualified midwives (41 in 2018)
- **173** midwifery graduates passed the National Midwifery Examination
- **8** midwives completed a Return to Practice programme
- Received **36** notifications involving midwives' competence
- Conducted **15** competence reviews
- Required **10** midwives to undertake competence programmes
- Received **11** notifications involving midwives' conduct
- Referred **5** midwives to a Professional Conduct Committee
- Received **43** notifications involving midwives' health
- Published **4** eMidpoints



INTRODUCTION

The Council's mission:

- To protect the health and safety of women and babies experiencing midwifery care in New Zealand through an effective and efficient regulatory framework

Council values:

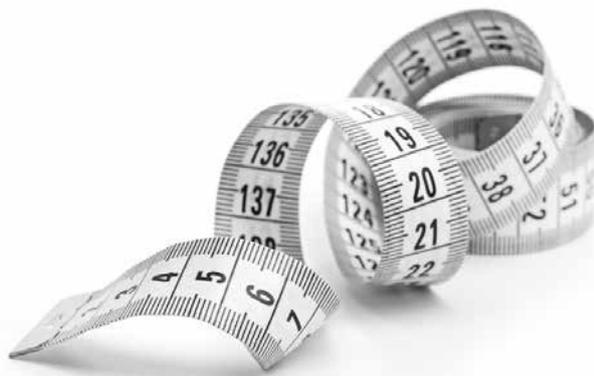
We will be known for our:

- Integrity, fairness and accountability

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



1. Governance



The Council participates in high level strategic maternity groups around both maternity quality and safety and workforce development.

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

Following on from the completion of the 2015 -17 strategic plan, the Council held a planning day early 2018 to identify key goals of the 2018 – 21 strategic plan. The focus of the new plan moves from governance to operations, with the Council wishing to be assured that the secretariat has the resources to give effect to its strategic goals.

Council highlights include:

- Engaged and briefed a facilitator on expected outcomes of an organisational review
- Reviewed and approved the organisation review, with the following key areas
 - * The current reality and a need to prioritise where the secretariat puts its energies
 - * Implement a stakeholder relationship and communications plan
 - * The need for streamlined customer-focused processes and IT systems that enable efficiency and more self-service
 - * The need for specific capability resources
- Brought the Council's concerns about the pressures on the midwifery workforce and the resulting increased risk to mothers and babies to the attention of all maternity stakeholders
- Completed the five yearly re-accreditation of the schools of midwifery
- Led and managed the joint Outcomes-based Assessment project for internationally qualified midwives that the Council has been contracted by AHPRA to undertake

- Welcomed three new Council members and undertook an orientation and planning day in January
- Raised the Council's awareness and mitigation of risk by having a designated Policy and Risk Advisor in the secretariat

The Council continues to engage with key stakeholders. It participates in high level strategic maternity groups around both maternity quality and safety and workforce development. The Council also is represented in an ex officio capacity on the DHB midwifery leaders' group and was very pleased to again host this group at a forum in early 2019. The Council has a collaborative and collegial relationship with the New Zealand College of Midwives as the professional midwifery organisation, ensuring that the perspectives of regulation and professional practice are key elements in all matters relating to maternity and midwifery.

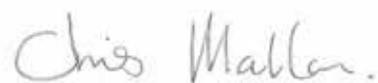
The Council and the Secretariat

The year has continued previous years' patterns, being very busy in all areas of the Council's operations, as well as the organisational review being undertaken. It has pleasing to have full and enthusiastic staff input into the implementation of review over 2018 . By March 2019, many of the recommendations had been implemented , with the remainder to be completed over the next year. My thanks to Sharron for her leadership and steering the organisational review in order to make business processes as effective and efficient as possible. Thanks too to Sue Calvert as the Deputy Registrar for the professional knowledge and experience she brings to the role and her comprehensive engagement with stakeholders. I acknowledge and thank all the staff for their work and in particular, the long serving staff members who left the secretariat at Christmas and welcome the staff who took up new positions.

Finally, I acknowledge the commitment, time and knowledge each and every Council member has brought to the Board table. Three Council members who had served three terms, Judith McAra-Couper, Annette Black and Bronwen Golder all left the Council in November – each has brought their own unique perspective and knowledge to the work of the Council and has been greatly valued. I welcome new Council members Mahia Winder, Theo Baker and Melanie Tarrant and look forward to the experience and perspectives each of them will bring to the Council.

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

Na Chris



Chris Mallon, Chairperson

Members of the Midwifery Council at 31 March 2019



Chris Mallon (Chair from January 2018) B Mid, Dip Mid, Masters in Health Care

Chris was appointed to the Council in December 2015 for a three year term. She is currently Director of Midwifery at Hutt Valley and Wairarapa DHBs and is Service Manager, Women's and Children's Health, Hutt DHB. She has extensive experience as an LMC, a core midwife and in midwifery leadership. She has a particular interest in collaborative work environment and how services work together. Chris and her family live in Wellington.



Kerry Adams (Deputy Chair from January 2018) B Mid, PG Cert Mid

Kerry was appointed to the Midwifery Council in December 2015. Kerry is currently a Senior Lecturer at the School of Midwifery at Otago Polytechnic where she teaches across the three years of the undergraduate programme. Kerry currently has a small LMC practice to retain her midwifery competency and is currently a MFYP mentor and is the midwife member of the National Screening Unit's, Newborn Metabolic Screening Advisory Group. Kerry has in the past been the Otago Regional Chair for NZCOM, an Expert Advisor for the HDC and a member of the Professional Conduct Committee for MCNZ and has worked in all maternity settings both in Wellington and Dunedin. Kerry lives in Dunedin, with her husband and two children.



Theo Baker (from October 2018)

Lay member Theo has a legal background and has great familiarity with health regulatory authorities, having spent 13 years in the roles of Director of Proceedings and Deputy Commissioner in the Office of the Health and Disability Commissioner, and has headed Regulatory Services at the Real Estate Authority. She is current Chair of the New Zealand Teachers Disciplinary Tribunal and a member of the Physiotherapy Board's Professional Conduct Committee. Theo lives in Wellington.



Annette Black (until October 2018) MA, Did Ed Stud, Dip Tchg, MBA

Annette was appointed a lay member in October 2009. She began her career as a history teacher 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. She has continued to work with the Society as a consultant, assisting with the implementation of the Lawyers and Conveyancers Act 2006 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 Fawcett RM

Debbie has been a midwife for over 20 years, emigrating with her family from the UK in 1998. Since her arrival, has lived and worked in the Waikato. She first worked at Waikato Hospital as the Clinical Midwifery Leader and then for a time as an educator. Since 2000, she has worked as a community-based midwife and also supervises and supports 2nd and 3rd year midwifery students in their clinical placements. Debbie has been an active member of the NZ College of Midwives at regional and national level and has been both a member of the board and chair of the NZ Breastfeeding Authority. She is a past member of the Waikato DHB Midwifery Strategic Advisory Group and the chairperson for the Midwifery and Maternity Provider Clinical Reference Group.



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

Debbie was appointed to the Midwifery Council in September 2011. Following reappointment, Debbie's current term expires in December 2018. She is the Midwifery Advisor at the Nelson Marlborough DHB and also works clinically on a casual basis within a variety of settings. Debbie is a member of the National DHB Midwifery Leaders Group. 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. She is a past NZCOM regional chairperson. Debbie currently lives in Nelson with her husband and small daughter.



Bronwen Golder (until October 2018) BA, MA (with distinction)

Bronwen was appointed as a lay member in August 2011, and appointed for a further three years in 2015. She has worked as a political risk analyst for an investment bank and Development Director in New York. Upon returning to New Zealand, Bronwen joined was seconded to the Beehive as advisor to the Minister of Employment. Since 1993, Bronwen has led international conservation programmes for two of the largest environmental NGOs in the world and is currently leading a large scale New Zealand conservation initiative and providing strategic advice and support internationally.



Ngatepaeru Marsters B H Sc (Midwifery)

Nga was appointed to the Council in October 2016. She is Cook Island Maori and has lived and worked in South Auckland for most of her life. She has been a midwife for 16 years and has worked in a variety of roles as core staff, community midwife, team midwife, Child Birth Educator and the past 9 years as an LMC. She has a small caseload that complements her role at AUT as Pasifika Student Support and Clinical Educator based at South Campus. She has been actively involved with Pasifika midwifery students since 2012 and currently chairs Pasifika Midwives Tamaki Makaurau and is co-chair of Pasifika Midwives Aotearoa (PMWA). Nga is a mother of three and nana to four gorgeous mokopuna..



Dr Judith McAra Couper (until October 2018) PhD, BA, RM, RGON

Judith McAra Couper has worked as a midwife both in New Zealand and overseas. Judith is an Associate Professor and Head of Midwifery at Auckland University of Technology. She teaches in the midwifery programme and formerly held a joint appointment at Counties Manukau as a clinical midwifery educator in the birthing unit. 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 and lives in Auckland with her partner and two cats. Judith was appointed to the Council in February 2010.



Melanie Tarrant (from October 2018)

Lay member Melanie Tarrant lives in Hokitika where she and her husband operate the New World supermarket. Melanie has had extensive experience of the maternity service, having 4 daughters aged between 10 and 3. Two other babies dies in utero at 20 and 27 weeks and it was these experiences that led Melanie to become involved in SANDS. She set up a SANDS group for the Hokitika/Greymouth area and is a member of the National Board. Melanie has worked in education as an economics teacher and is currently a member of the Board of Trustees of her local school.



Mahia Winder (from October 2018)

Mahia has iwi affiliations to Ngati Tuwharetoa, Ngati Raukawa and Ngai Tahu. Since qualifying as a midwife at AIT in the mid 90's, Mahia has practised across the midwifery practice environment, including home birth and DHB core midwifery. In June 2015, she became the Team Leader of the Māori midwifery team which focuses on ensuring that Māori women receive clinically and culturally appropriate midwifery care. Mahia's current role is working at AUT as Māori Midwifery Liaison Midwife.

Strategic Objectives 2018 – 2021 (revised March 2019)

Strategic Objective 1 Lead review on role and scope of practice of the future New Zealand midwife and set the necessary standards of clinical competence	Outcome Scope of practice is relevant to maternity needs over the next decade and midwives are familiar with and putting into practice the revised standards of clinical competence
Strategic Objective 2 Stakeholders place their trust in the midwifery profession because the Council provides accessible and intelligible evidence that midwives are competent, honest and reliable	Outcome Midwifery is viewed as a trustworthy profession
Strategic Objective 3 Articulate the Council's public safety role as a regulator to reinforce the importance of its participating in any initiatives involving the midwifery workforce	Outcome The Midwifery Council and key stakeholders have working relationships which are defined by respect, transparency and timely communications and are informed by education and workforce priorities
Strategic Objective 4 The Council is proactive, innovative and strategic in its decision making which is based on the principles of right touch regulation	Outcome Council decision making is informed, proportionate and outcome focused (e.g. Right-touch regulation)
Strategic Objective 5 Harness technology to serve current and future needs	Outcome Council processes and decision making are supported and enabled by a fit for purpose IT system

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

Council meetings

During 2018/19, the Council held 6 one day meetings and 1 two day meeting which included a facilitated strategic planning day. It also held a number of electronic teleconferences to discuss urgent matters, usually relating to notifications on specific midwives.

Council education

In June 2018 a number of Council members attended the annual Perinatal and Maternity Mortality Review Committee workshop “Coming together to be better”. Several Council and staff members attended the Council on Licensure, Enforcement & Regulation Pacific region symposium on Professional and Occupation Regulation and regulatory governance in Wellington in November.

Fees paid to Council members have remained unchanged since they were set in 2004

	< \$4000	\$4,001 to \$10,000	\$10,001 to \$18,000
C Mallon (Chair)		x	
K Adams		x	
T Baker***	x		
A Black**		x	
D Fawcett			
D Fisher		x	
B Golder**		x	
N Marsters		x	
J McAra-Couper**		x	
M Tarrant***	x		
M Winder***	x		

*Gross income – includes resident withholding tax
 ** Member until October 2018
 *** Member from October 2018

2. Secretariat



As the midwifery regulator, the Council has the responsibility to protect the health and safety of the public by ensuring that midwives both maintain and enhance the competence they demonstrated in order to be registered

Chief Executive's review 2018/19

Registration and pre-registration midwifery education

Goal: Midwives who meet the statutory requirements are registered through efficient, transparent and consistent processes

Goal: Pre-registration midwifery education standards contribute to competent, confident registrants

Midwives have made online applications for registration since 2011 and for annual practising certificates since 2012. It became obvious during the 2018/19 APC application round that the interface between our bespoke database and web-based applications was increasingly fraught. Our IT providers worked hard during 2018 to fix the problems, with the result that the 2019/20 APC application round had far fewer problems. The Council continues planning for the implementation of a single cloud-based engagement management system

The current pre-registration midwifery education standards were revised during 2014 and 2015, with the revised standards taking effect from 1 January 2016. In late 2017, the Council together with NZQA, when required, began the five yearly programme reapproval process. This began with Otago Polytechnic. The remaining three schools (Ara, Wintec and AUT university) had site visits and gained programme reapproval during 2018. The number of midwifery graduates from the four schools rose from 146 in the 17/18 year to 173 for the 18/19 year but workforce projections indicate at least 200 graduates are needed annually to meet workforce shortages. Victoria University of Wellington has signalled to the Council that in 2019, it intends to apply to become an accredited provider of pre-registration education and for approval of a Bachelor of Midwifery programme.

As a result of issues identified during the five yearly reapproval process, the Council intends to make some proposed amendments to the pre-registration standards and will undertake consultation on these during 2019.

The Council has been working with the Nursing and Midwifery Board of Australia on a project to establish a joint framework for an outcomes-based assessment system to determine competence to practise for some internationally qualified midwives (IQMs). The Midwifery Council was contracted to develop a multi choice question examination and an objective structured clinical examination to be fit for purpose as regulatory assessments across both jurisdictions.

Excellent progress has been made on the project, due for completion at the end of 2019. A welcome benefit is that the Council will be able to have the National Midwifery Examination delivered online, with the aim of having this in place for the December 2019 examination.

Education and Learning and Fitness to practise

Goal: Post registration education programmes assist midwives to maintain and enhance midwifery knowledge and skills

Goal: Practising midwives demonstrate their competence and fitness to practise and when concerns arise, the Council's assessment and support processes are equitable, clear and proportionate

Goal: Clinical, cultural and ethical standards are valid and current in the New Zealand practice context and promote public trust and confidence in the profession

As the midwifery regulator, the Council has the responsibility to protect the health and safety of the public by ensuring that midwives both maintain and enhance the competence they demonstrated in order to be registered. Under the empowering Act, a midwife may not be issued with an annual practising certificate unless the Council is satisfied that the midwife meets the required standard of competence. It is not possible to individually assess the competence of every practising midwife so the Council requires them to engage in the Recertification Programme which is a process that promotes and supports the maintenance of competence in practising midwives.

The Council has been pleased at the engagement of midwives in the Recertification Programme. In the few cases where midwives are seriously non-compliant, the Council has used section 43 of the HPCAA, "Unsatisfactory results of a recertification programme". Midwives who remain non-compliant have conditions placed on their practising certificates or are not granted a practising certificate until they are compliant.

During 2018/19, the Council received 36 notifications of concern about a midwife's competence. In these cases, the Council first determines if it is necessary to formally review a midwife's competence. When it determines there is a need, it uses two different review processes.

The first is a stage one review which comprises a review of the midwife's decision making where it relates to her competence. A stage one review is akin to a peer clinical review. It does not investigate the particular case which is the function of the Health and Disability Commission. The other process is a stage two review which is a review of a midwife's competence in general and which routinely includes the use of scenario or viva testing of practice.

Health or fitness to practise notifications continue to come into the Council in high numbers. Many of these are for accidents and short term conditions but others relating to stress, anxiety, long term conditions and cognitive impairment require much more active management by the Council, with 53 midwives under health monitoring in March 2019.

The Council receives reports from all accredited providers of Continuing Midwifery Education. These reports show the amount and diversity of continuing education provided to midwives. This excludes formal qualifications provided through the universities and polytechnics.

The Council's statement on cultural competence is set within the framework of partnership, Tūrangā Kaupapa and cultural safety. These are woven through the pre-registration midwifery degree programmes and the Council has been pleased that over 2018, the New Zealand College of Midwives has moved to provide workshops for all midwives on Grounding Practice within Te Tiriti/The Treaty relationship and Birthing across cultures in Aotearoa. Ngā Maia Māori Midwives Aotearoa now provides Tūrangā Kaupapa workshops as part of professional development for midwives working in practice.

Stakeholder engagement

Goal: There is widespread engagement with stakeholders and the public so that the Council's policies and processes are well informed and transparent and the public has a clear understanding of the Council's authority and responsibilities

Over the past three years, the Council has worked on a comprehensive communications strategy "Changing Perceptions", recognising the need for it to be more effective in communicating with its key stakeholders so that the Council's statutory role in protecting the safety of mothers and babies through its regulation of midwives is better understood. It has put in place a number of initiatives including new branding, a redesigned website, the Be

Safe series of papers which highlight safety and best practice in midwifery, and a series of concise information sheets on various Council processes. During 2019, it released the first of its Be Sure papers, aimed at encouraging women to check that their midwife is registered and that their Annual Practising Certificate is up to date. The papers will present information about midwifery in a consumer-friendly manner.

The Council maintains its collegial working relationship with Australian regulatory organisations, having Memoranda of Understanding with the Nursing and Midwifery Board of Australia and the Australian Nursing and Midwifery Accreditation Council. Since 2014, the Council has become more focused on the Pacific region, joining the South Pacific Chief Nursing and Midwifery Officers Alliance and participating in both regular teleconferences and biennial fora.

Since mid 2018, the Council has had productive two monthly face to face meetings with the College of Midwives, working collaboratively to better refine our perspectives as regulator and professional organisation on various issues concerning midwifery. Other regular meetings occur with other stakeholders including the Ministry of Health, ACC, the Tertiary Education Commission, the New Zealand Qualifications Authority, and DHB midwifery and senior leadership.

The regular electronic newsletter eMidpoint is sent to all midwives with a practising certificate and many other stakeholders.

Governance and Operations

Goal: Governance and organisational processes are efficient and effective, ensuring that statutory responsibilities are fulfilled in a measurable and transparent manner

In late 2017 the Council initiated an organisational review to ensure that the secretariat:

1. Has the competencies and roles to support the strategic direction of the Council including the analysis, advice, and anticipation of change
2. Has the systems, and practices to deal with different levels of risk in the operations, and to advise the Council on emerging risks
3. Refreshes the team culture to best support the organisation evolving its right-touch regulator approach

During 2018, the Council formally began a review of a number of its business processes, with the aim that they should be as equitable, streamlined and cost effective as possible. Analysis and necessary changes will continue during the 2019/20 year. The structure of the secretariat was also reviewed in 2018. The restructure was finalised in October 2018 with the outcome that two positions were disestablished and a third substantially changed. Three staff took redundancy and ended their employment with the Council in December 2018.

The secretariat has two new positions – that of Policy and Risk Advisor and Operations Manager. The former was filled in July 2018 with the other still to be filled as at 31 March 2019. Changes to roles means there are now three administrator roles, each with responsibility over clearly delineated areas of the Council’s statutory responsibilities. Two of these positions were filled by new staff members in January 2019 who have responded well to the challenges of their new positions.

Business as usual, that is the work flowing from the Council’s statutory processes, remains at a high level of activity. The number of fitness to practise notifications are consistent with the previous year, with this resulting in increased work through not only initiating the Council’s processes but the higher number of midwives requiring ongoing monitoring. Coupled with the organisational review and restructure, this means staff have had added challenges over 2018/19.

There have been significant changes at Board level, with the terms of three long serving members - Judith McAra-Couper, chair since 2011, and the two lay members Annette Black (2009) and Bronwen Golder (2011) - coming to an end in November. Each has contributed to the work of the Council in a valuable and unique way. With the end of her third term in sight, Deputy Chair Debbie Fisher stepped down from her role although has remained on the Council. New Chair Chris Mallon and Deputy Chair Kerry Adams have ably stepped up into their new roles and overseen from the governance perspective the organisational review and its place within the 2018 -21 strategic direction set by the Council.

The Midwifery Council is well served by its Council members and its staff. It has been a privilege to be associated with the Council since its establishment and to experience the enthusiasm, knowledge and commitment so many have brought to the important work of the Council in making its an effective and accountable regulator of midwives.

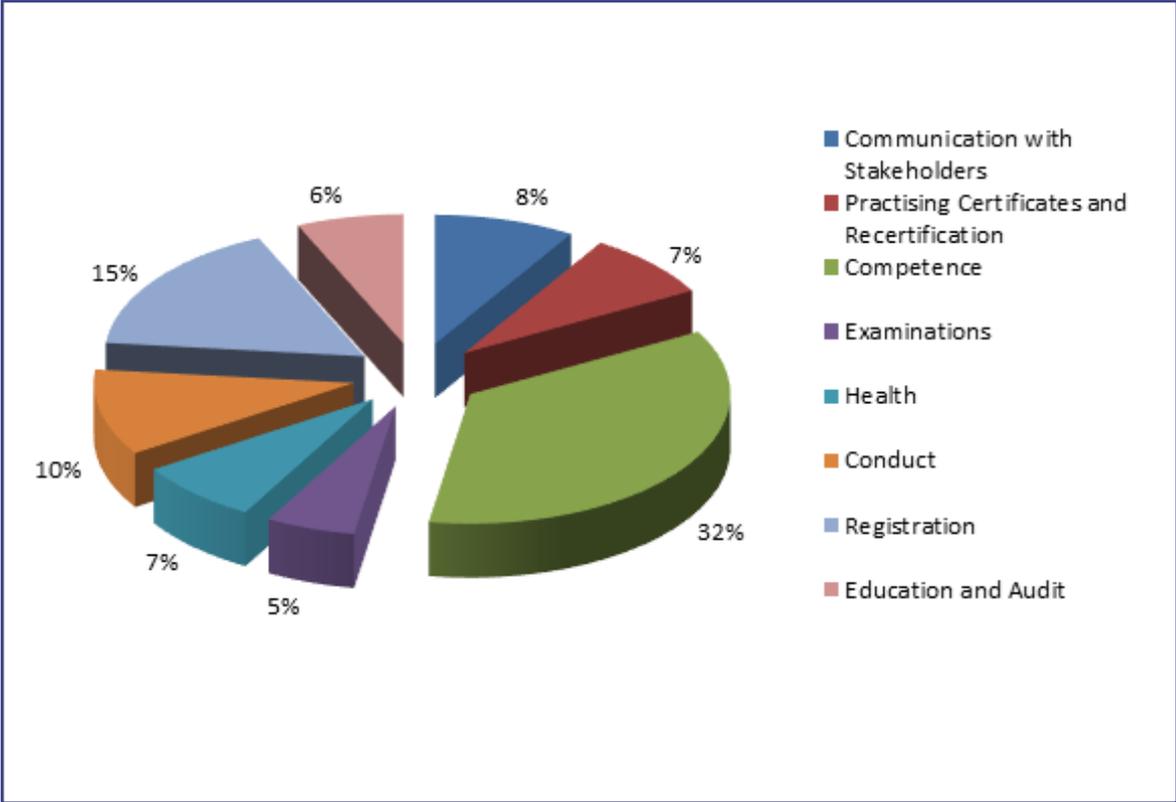


Sharron Cole
Chief Executive and Registrar



It has been a privilege to be associated with the Council since its establishment

Table 1 Summary of expenditure – 2018 to 2019



Registration of, and Practising Certificates for, midwives

a. Scopes of practice

The Council has the responsibility to:

- specify the midwifery scope of practice

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), Ara (previously Christchurch Polytechnic Institute of Technology CPIT) and Otago Polytechnic. 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 across the midwifery practice environment.

However, it is suggested that pressures arising from the extended year programme has been associated with higher rates of student attrition and also academic staff wellbeing. During 2019, the Council intends to consult on potential changes to the standards, enabling the programme to also be offered over four standard academic years.

Victoria University of Wellington has signalled to the Council that it will seek during 2019 to be accredited as a provider of pre-registration programmes of education and for approval of a Bachelor of Midwifery degree which it will begin in 2020.

Monitoring of Schools of Midwifery

The Council in 2012 and 2013 reviewed the approved programmes of education in the two years after the first graduates from the courses against the 2007 standards were entered onto the Register of Midwives. A major change in the 2007 standards was that the length of the degree programme was increased from three to four years, although the programme was delivered over three extended academic years.

The 2012/13 review gave the Council reassurance 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

The Council, together with the New Zealand Qualifications Authority, re-accredited Otago Polytechnic during the 2017-18 year and Ara and Wintec polytechnics in the 2018-19 year.

The Auckland University of Technology school of midwifery was also re-accredited this year.

National Midwifery Examination

A pass in the National Midwifery Examination is one of the requirements for Entry to the Register of Midwives. In March 2018, 75 candidates sat the exam, all attained a pass; in July 2018, 7 of the 8 candidates attained a pass; and in December 2018, 93 students sat the exam and 91 attained a pass. The success rates for applicants from each school of midwifery for 2018 are shown in Table 2.

Commencing early 2019, the Council is exploring delivery of the exam via an online platform. This project will continue during 2019.

Table 2 National Midwifery Examination passes 2018

School	Numbers sitting	Numbers passed	% passed
AUT	71	69	97%
WINTEC	50	49	98%
Ara (CPIT)	17	17	100%
Otago	38	38	100%

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 apply to be registered and make payment online. All applications are assessed to ensure that applicants satisfy the requirements for registration as set out in s16 of the Health Practitioners Competence Assurance Act 2003.

A pass in the National Midwifery Examination is one of the requirements for Entry to the Register of Midwives



Table 3: Applications for registration decided in the 2018 – 2019 year

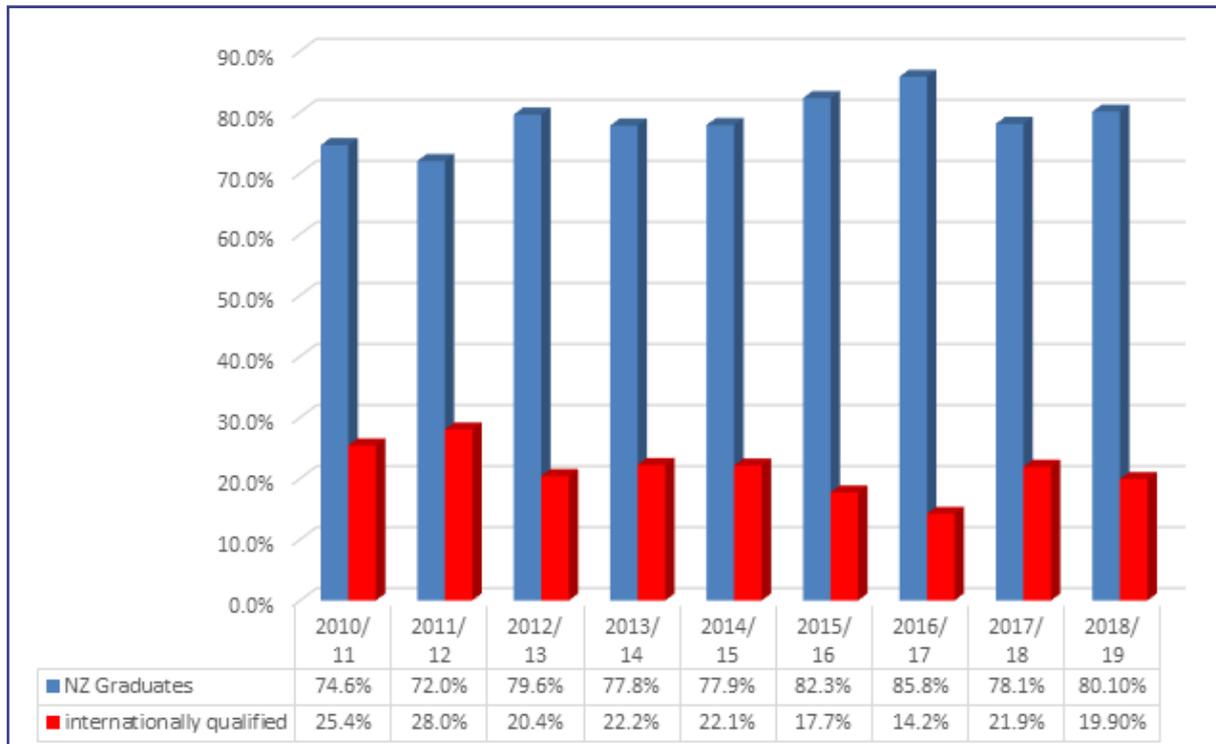
	HPCAA section	Numbers	Outcomes		
			Registered	Registered with conditions	Not registered
Total	15	221	-	216	5
Reasons for non-registration*	-	-	-	-	-
Qualifications did not meet required standard	15b	2	-	-	-
Did not meet the competencies for practice	15c	3	-	-	-

* All New Zealand graduate midwives are registered with the condition they complete the Midwifery First Year of Practice programme. All Internationally Qualified Midwives are registered with the condition they complete the Overseas Competence Programme within two years of being issued with their first practising certificate. Australian new graduates must complete both the Midwifery First Year of Practice and the Overseas Competence Programmes.

Table 4: Number of Midwives registered between 1 April 2018 and 31 March 2019 with comparisons with previous years

Type/Year	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
NZ graduates	129	149	133	147	134	130	127	146	173
Australian TTMRA*	7	12	8	13	15	22	11	19	24
Internationally qualified	37	46	26	29	23	6	10	22	19
Total	173	207	167	189	172	158	148	187	216

Table 5: Percentage of registrations between 1 April 2010 and 31 March 2019 with comparisons with previous years: New Zealand graduates compared to all internationally qualified midwives



Midwifery First Year of Practice Programme

The Midwifery First year of Practice programme (MFYP), funded by Health Workforce New Zealand and provided by the New Zealand College of Midwives, was implemented in 2007. From 1 February 2015, the Council has made it mandatory for all new graduates to enrol in and successfully complete the programme.

The Council welcomed the February 2015 changes which have enhanced the support and guidance to new graduate midwives. In addition to making the programme compulsory, it now

- Provides a mechanism for improved regulatory oversight by the Midwifery Council through establishment of

reporting lines by the provider of the programme to the Council

- Has increased funding to enable clinical attendance by an experienced midwife to support the new graduate in clinical practice when required

To support this the Council has received high level reports from the MFYP programme coordinator.

This shows the number of midwives who have successfully completed the programme, whether they are practising as LMCs or in maternity facilities, and who has achieved confident midwife status.

Since November 2014, the Council has required Australian new graduates who are entered onto the New Zealand register to complete the MFYP programme. It is the Council's expectation that these midwives will prioritise the Overseas Competence Programme education requirements and that these are completed as part of completion of MFYP. In addition to completion of MFYP, the Council also receives reports from employers about the competence of these Australian-qualified new graduates.

Notifications about midwives in their first year of practice

The Council is mindful of its role to protect the safety of the public by ensuring midwives are competent to practise and that the public can have confidence that the practice of new graduates does not put them at greater risk. It continues to analyse the complaints it has received about the practice of new graduate midwives.

This analysis shows there have been 15 notifications between 2004 and 31 March 2019 and of these, 7 have been found to have competence issues. During this time, 1927 new graduates have been entered onto the Register of Midwives.

Competence Programmes for internationally qualified midwives

All internationally qualified midwives are required to undertake a competence or 'transition to New Zealand practice' 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 (theory and practice)
- Treaty of Waitangi
- Cultural Competence

In addition, all internationally qualified midwives are required to have a mentor who meets regularly with the midwife and assists her with her transition to New Zealand practice.

Mentors are required to furnish the Council with regular reports about this transition and are expected to alert the Council to any possible issues. Mentoring is for the minimum of one year.



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 (275) of midwives who did not renew their practising certificates by 31 March 2019 was higher than the previous year but it is notable that by 30 April, the number of non-renewals had dropped to 224. As at 31 March 2019, more midwives (3309) held practising certificates than for in any year since 2004/05.

There is however a continuation of the trend of the past few years of midwives choosing to work part time, with around 30% choosing to work under 24 hours a week.

The number of new graduate midwives entering the workforce showed an increase to 173 but this is still well short of the target of at least 200 per year.

The tensions within the workforce of the previous two years continue as data shows that of the 1168 case loading (community-based) midwives, 29% worked under 24 hours a week and a further 56% worked between 25 and 40 hours per week.

This means there are insufficient practising midwives at primary, secondary and tertiary levels to provide care to birthing women and their families. LMC midwives now care for 90% of women, compared to 70% in 2007 and further that there is increasing complexity of care across the maternity setting.

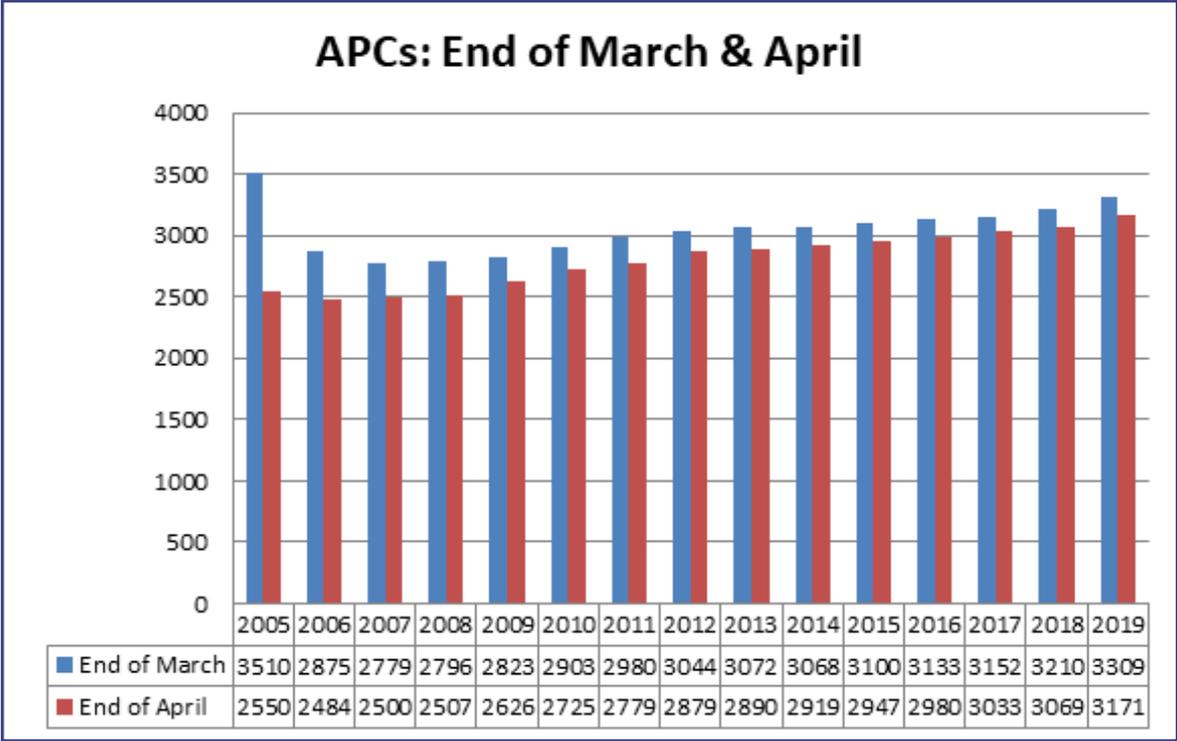
Table 6: Applications for an annual practising certificate 2018/19

	HPCCA Section	Number	Outcomes			
			APC no conditions	APC with conditions	Interim	No APC
Total *	-	3,366	3,131	235	25	-
Reasons fo non-issue of Practising Certificate	-	-	-	-	-	-

* Some midwives held more than one practising certificate during the period – typically in these cases one or more interim practising certificates were granted followed by an annual practising certificate . 3,366 practising certificates were issued to 3,309 individual midwives during the period.

** In addition to the reasons above, 17 applications were either withdrawn by the applicant or declined due to non-payment of the fee. Often these applicants reapplied later.

Table 7: Comparative figures of midwives holding a practising certificate at the end of the year and at the beginning of the following year



Fees

Following the annual practising certificate fee increase in 2018, the first increase since 2005/06, the fee has remained at \$395 in 2019/20. Midwives also pay a \$50 disciplinary levy each 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

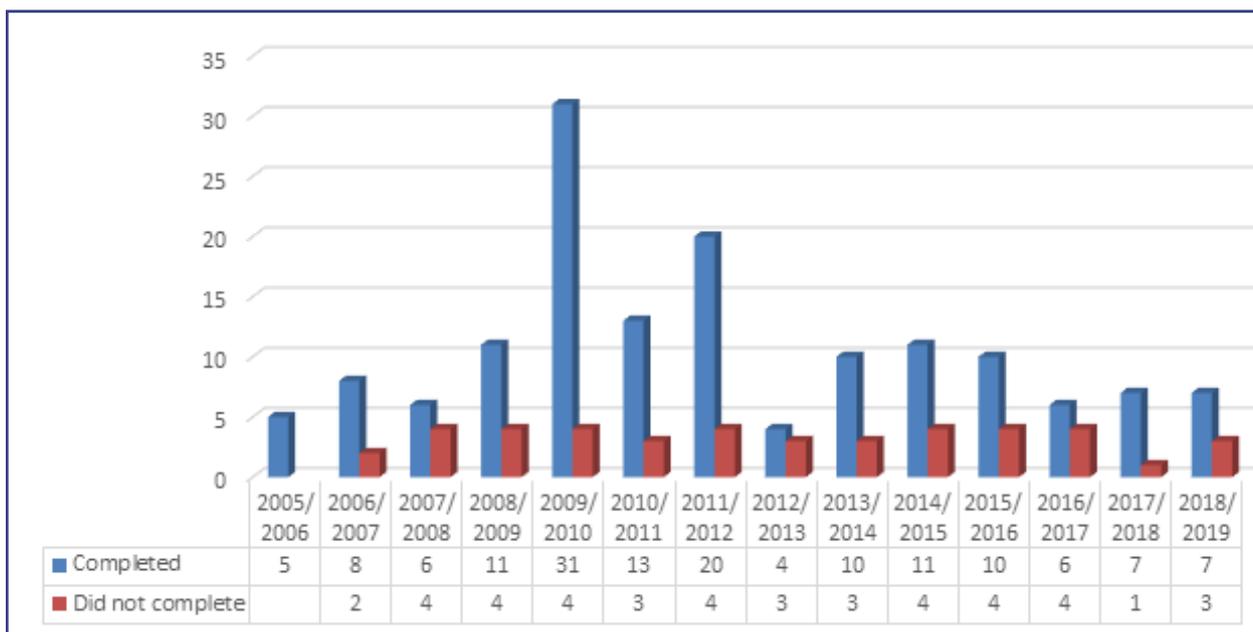
Midwives who seek to return to work as a midwife after an absence of more than three years must demonstrate their competence to practise by completing a Return to Practice Programme agreed with the Council.

The current Return to Practice programme requirements for all midwives who have taken a break of more than three years are available on the Council website but consist of a mixture of education, clinical practice upskilling and mentorship.

There is a continuation of the trend of the past few years of midwives choosing to work part time



Table 8: Number of formal Return to Practice programmes finished each year between 2005/2006 and 2018/2019



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 midwives 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. Public trust and confidence are increased when the midwifery workforce demonstrates competence, reliability and honesty. In setting the competence standards and establishing a process by which to be reassured about the on-going competence of midwives, the Midwifery Council requires all practising midwives to participate in its Recertification Programme.

The Council has a pool of experienced midwives who are selected to undertake the reviews

Competence reviews

There were 11 stage 2 competence reviews and four stage 1 competence reviews undertaken by the Council in 2018/19. The review tools commonly include scenario and viva testing in which components of clinical competence such as history taking, physical examination, documentation, communication, reference to evidence based practice, referral guidelines and professional behaviour as well as clinical skills are assessed against standards of competence expected of a midwife. The Council appoints two reviewers, one who is an educator and one who is representative of the practice context of the midwife undergoing the competence review. The Council has a pool of experienced midwives who are selected to undertake the reviews.

Members of competence review/case review panels during the 2018-2019 year were:

- | | |
|--------------------|--------------------|
| Alison Andrews | Claire Hotchin |
| Diana Austin | Marion Hunter |
| Iona Cameron-Smith | Nicola Jackson |
| Susan Crabtree | Liz James |
| Robin Cronin | Teresa Krishnan |
| Beryl Davies | Renee Millar |
| Pauline Dawson | Emma Mumford |
| Debbie Fawcett | Adrienne Priday |
| Brigid Foster | Ngarangi Pritchard |
| Fiona Hermann | Andrea Vincent |
| Caroline Hever | Mahia Winder |
| Rae Hickey | |

Table 9: Competence referrals

Source	HPCAA Section	Number
Health Practitioner (Under RA)	34 (1)	17
Health and Disability Commissioner	34 (2)	6
Employer	34 (3)	2
Other	-	11
Total	-	36

Table 10: Outcomes of competence referrals

Outcomes	HPCCA Section	Number			
		Existing (at 1 April 2018)	New	Closed	Still active
No further action	-	Not applicable			Not applicable
(Total number) Initial inquiries	-	37	43*	28	50
Notification of risk of harm to public	35	-	-	-	-
Orders concerning competence	38	16	10	7	17
Interim suspensions/ conditions	39	2	1	-	1
Competence programme	40	2	4	1	5
Recertification programme	41	-	-	-	-
Unsatisfactory results of competence or recertification programme	43	-	-	-	-

b. Recertification/continuing competence

Recertification Programme

The Recertification Programme requires midwives to undertake various education courses and activities over a three year period in order that they can demonstrate to the Council and to the public that they are competent and safe to practise.

The Council has regularly reviewed the programme since its establishment in 2005 and makes changes as necessary to ensure that the elements of the programme remain relevant in assisting midwives to maintain and enhance their knowledge and skills in

an ever changing maternity environment.

Currently, the combined emergencies skills day remains an annual requirement. Regarding continuing midwifery education, rather than specifying education, the Council accepts education which has direct relevance to the midwife's professional role and which enhances and leads to development of her practice.

In 2017 the Council reviewed the process for approval of continuing education moving to an accredited provider framework. Annual reports received from accredited providers demonstrate the amount and diversity of education that is provided across New Zealand.

The components of the Recertification Programme until 31 March 2020 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 annual combined emergency skills day that includes maternal and neonatal resuscitation and maternity emergencies**
- **Complete 8 hours per year of both professional activities and continuing midwifery education**
- **Participate in New Zealand College of Midwives Midwifery Standards Review Process (MSR) at least once every three years****

** All midwives must undertake MSR every three years except for new graduate midwives who are required to undertake MSR at the end of their first year and third years of practice, before moving to three yearly.

The Council monitors all practising midwives' engagement in recertification. This is mainly carried out electronically although the Council still physically audits portfolios when issues around a midwife's competence arise or if a midwife appears to be consistently non-compliant with the programme. Through its registration database, it has linked the issuing of annual practising certificates to demonstrated engagement in components of the Recertification Programme.

Those midwives who were unable to satisfy the Council of substantial engagement with the compulsory components are required to undertake specific activities within defined time frames, with some midwives being issued with interim practising certificates until requirements are met and others not being issued an APC.

Midwifery Standards Review

The Council has contracted the College of Midwives to provide Midwifery Standards Reviews as part of its Recertification Programme since 2005. All midwives are expected to undertake Midwifery Standards Review three yearly although this may be shortened with a further review being required in six or twelve months.

The purpose of the review is to assist midwives to reflecting on their practice with midwifery and consumer reviewers and to formulate an on-going professional development plan. The review is focused on quality of practice and is not a performance appraisal.

Consumer feedback and participation has been an integral part of Midwifery Standards Review since its inception.

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 Tūrangā Kaupapa in building and maintaining relationships with women, 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. Completion of both this course and a Treaty of Waitangi workshop is compulsory for all internationally qualified midwives within two years of commencing practice in New Zealand.

The Council recognises that cultural competence is a key area of focus for further professional development. Accredited education providers the College of Midwives and Ngā Maia offer courses which include the practice frameworks of partnership, cultural safety and Tūrangā Kaupapa.

c. Health/fitness to practise

The Council has the responsibility to:

- protect the public by ensuring midwives are fit to practise

The Council received 43 new notifications of concern about a midwife's health which had affected her practice. In April 2018, 50 midwives remained under health monitoring following referrals in previous years. As at 31 March 2019, 53 midwives were under health monitoring.

The Council recognises that cultural competence is a key area of focus for further professional development.

Table 11: Notifications of inability to perform required functions due to mental or physical (health) condition

Source	HPCCA Section	Numbers			
		Existing (at 1 April 2018)	New	Closed	Still active
Health service	45 (1) a	3	2	3	2
Health practitioner	45 (1) b	3	1	2	3
Employer	45 (1) c	3	4	-	7
Medical officer or health	45 (1) d	-	-	-	-
Any person	45 (3)	41	36	34	41
Person involved with education	-	-	-	-	-

Table 12: Outcomes of health notifications

Outcomes	HPCAA Section	Number of practitioners
No further action	-	9
Order medical examination	49	2
Interim suspension*	48	2
Conditions	48	14
Restrictions imposed	50	3

* 12 Midwives remained unfit to practise

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 HPCAA.



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

The Council received 11 notifications which involved the conduct of midwives.

Table 13: Complaints re conduct from various sources and outcomes during 2018–2019 year

Source	Number	Outcome		
		No further disciplinary action **	Referred to Professional Conduct Committee	Referred to the Health and Disability Commissioner
Consumers	2	2	-	2
Health and Disability Commissioner	-	-	-	Not applicable
Health practitioner (Under RA)	4	3	-	-
Other health practitioner	-	-	-	-
Courts notice of conviction	2	41	34	41
Employer	1	-	-	-
Other	2	1	2	-

b. Professional Conduct Committees

The Council has a pool of experienced midwives from which to draw as required for Professional Conduct Committees. The two chairs are lay members of the committee.

Members of Professional Conduct Committees during the 2018-2019 year were:

Sandy Gill (Chair)	Yvonne Morgan
Bernard Kendall (Chair)	Estelle Mulligan
Joyce Croft	Thelma Thompson
Kay Faulls	Andrea Vincent
Yvonne Hiskemuller	Helenmary Walker
Shirley Hopping	

Table 14: Professional Conduct Committee cases

Nature of issue	Source	Number	Outcome
Fraudulent claiming	MOH	2	Ongoing
Concerns about standards of practice	-	-	-
Notification of conviction	Court	2	NFA
Theft	-	-	-
Conduct	DHB	1	NFA
Practising outside scope	-	-	-
Practising without annual practising certificate	-	-	-

c. Health Practitioners Disciplinary Tribunal

There was one hearing involving a midwife before the Tribunal during 2018/19. The result of the hearing was that the midwife had her registration cancelled.

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.

d. Code of Conduct

The Council has the statutory responsibility to set standards of ethical conduct. The Council adopted a Code of Conduct in 2011.

5. Appeals and judicial reviews

There were no appeals or judicial reviews of decisions made by the Council in 2018/19.



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

eMidpoint

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

Be Safe

The Council published one new Be Safe document on the topic of midwives' health. It was sent to all midwives and also to key stakeholders.

New Zealand College of Midwives

The College is a membership organisation and provides the professional framework in which midwives practise and it supports midwifery practice.

The Council has regular face to face meetings with College as both organisations have an interest in ensuring that the

regulatory processes for midwives are integrated in a professional framework and that appropriate standards of midwifery practice are maintained so that the public can be assured of safe and competent midwifery care.

Ministry of Health

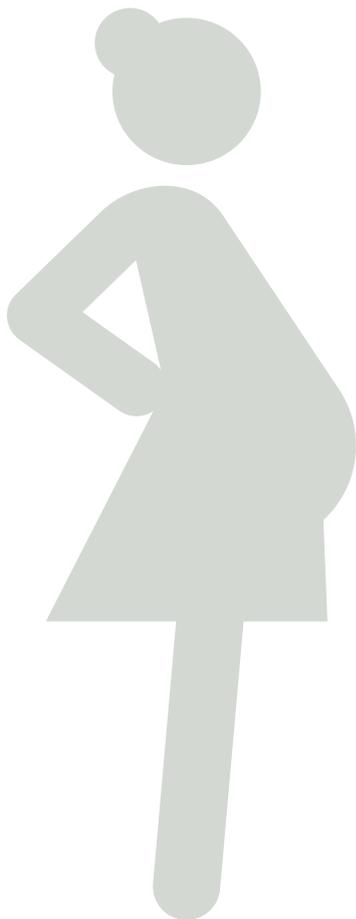
The Council has met with the Maternity Advisors and Maternity Team on a number of occasions during the year. It also met with Health Workforce New Zealand and the Health Quality and Safety Commission. The Council has proactively worked with analysts within the Health Workforce team to ensure that the ministry has robust and accurate workforce data.

Health Workforce New Zealand: Midwifery Strategic Advisory Group

The Midwifery Strategic Advisory Group was established to provide strategic advice and guidance to the Ministry of Health and the sector to ensure a sustainable and supported midwifery workforce now and in the future. The Council's representatives on this group during 2018 were Dr Judith McAra-Couper, new Chair of the Midwifery Council Chris Mallon and the Deputy Registrar Dr Susan Calvert.

Ministry of Health: National Maternity Monitoring Group

The Council was represented on the National Maternity Monitoring Group (NMMG) by Dr Judith McAra-Couper. The NMMG was established in 2012 as an advisory group to the Director-General of Health. It provides oversight and review of national maternity standards, analysis and reporting and provides advice to the Ministry of Health (the Ministry) and District Health Boards (DHBs) on priorities for improvement in maternity services.



District Health Boards

The Council maintains good working relationships with DHB midwifery leaders, women's health managers and midwifery educators. The Deputy Registrar is also an ex-officio member of the DHB midwifery leaders' group.

ACC

The Council has had representation on a number of ACC expert advisory groups and workstream. Deputy Registrar Dr Susan Calvert has been part of the Fetal Anticonvulsant Syndrome working party, the Risk of Harm Advisory Group and the GAP implementation working group. She and Chair Chris Mallon are also part of the Fetal Heart Monitoring working group.

Australian Nursing – Nursing and Midwifery Board of Australia

The Council has a Memorandum of Understanding with the NMBA to work closely over policy and professional issues relating to the regulation of midwives. The Council has been managing a joint project on an outcomes based assessment Framework for Internationally Qualified Midwives. This is due for completion in late 2019.

Australian Nursing and Midwifery Accreditation Council

The Council has a Memorandum of Understanding with ANMAC to cooperate and liaise over Trans-Tasman midwifery matters relating to the education, accreditation and assessment of midwives.

South Pacific Chief Nursing and Midwifery Officers Alliance (SPCNMOA)

The Chief Executive participates in the bimonthly teleconferences of SPCNMOA which bring together nursing and midwifery leaders in regulation and education to discuss and plan effective programmes for the Pacific in regulation, education, legislation and service delivery.

Council members and the CEO attended the biennial South Pacific Nurses and Midwives Forum in Rarotonga in October 2018.

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 has actively participated in HRANZ, particularly focusing on amendments to the Health practitioners Competence Assurance Act and the Access to Secondary Legislation project.





7. Finance

THE MIDWIFERY COUNCIL OF NEW ZEALAND PERFORMANCE REPORT FOR THE YEAR ENDED 31 MARCH 2019

CONTENTS

Non-Financial information:	PAGE
Entity information	1
Financial information:	
Statement of Financial Performance	2
Statement of Movement in Equity	2
Statement of Financial Position	3 - 4
Statement of Cash Flows	5
Statement of Accounting Policies	6 - 7
Notes to the Performance Report	8 - 12

THE MIDWIFERY COUNCIL OF NEW ZEALAND

Entity Information

"Who are we?", "Why do we exist?"

FOR THE YEAR ENDED 31 MARCH 2019

Legal Name of Entity: THE MIDWIFERY COUNCIL OF NEW ZEALAND

Type of entity and Legal Basis : The Midwifery Council of New Zealand (the Council) is a body corporate established by the Health Practitioners Competence Assurance Act 2003 (HPCAA) and is a Responsible Authority under that Act.

Entity's Purpose or Mission:

The Council's mission:

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

Functions:

The functions of the Council are defined by HPCAA. The Council must:

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

Entity Structure:

The Council has eight (8) members. Six (6) midwives and two (2) lay members to represent public interests. Board Members are appointed by the Minister of Health.

Main Sources of the Entity's Cash and Resources:

The Council has received its main income from APCs Fees paid by registered midwives.

Additional Information:

To protect the public, the Council is also responsible for making sure that midwives keep high standards of practice by continuing to maintain their competence once they have entered the workforce

General Description of the Entity's Outputs

To protect the health and safety of members of the public by providing for mechanisms to ensure that midwives are competent and fit to practise.

Contact Details

Physical Address: Level 5, 22 Willeston Street, Wellington 6011

Phone: 04 - 4995040

Email: info@midwiferycouncil.health.nz

Website: www.midwiferycouncil.health.nz



**THE MIDWIFERY COUNCIL OF NEW ZEALAND
STATEMENT OF FINANCIAL PERFORMANCE
"How was it funded?" and "What did it cost?"
FOR THE YEAR ENDED 31 MARCH 2019**

	Notes	2019 \$	2018 \$
REVENUE			
APC fees		1,080,381	934,328
Disciplinary levy		144,310	140,609
Disciplinary penalties		23,316	8,505
Examination fees		29,739	27,827
Interest income		44,481	42,044
Other income		135,916	68,745
Registration fees		71,587	75,826
TOTAL REVENUE		1,529,730	1,297,884
LESS EXPENDITURE			
Board & committees	1	246,498	273,379
Secretariat	2	1,260,412	978,540
Disciplinary expenses	3	63,968	97,883
Total Expenditure		1,570,878	1,349,802
Net Surplus/(Deficit)		-41,148	-51,918

**THE MIDWIFERY COUNCIL OF NEW ZEALAND
STATEMENT OF MOVEMENT IN EQUITY
FOR THE YEAR ENDED 31 MARCH 2019**

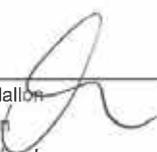
		2019 \$	2018 \$
Accumulated funds at the beginning of period		877,912	929,830
Net surplus/(deficit) for the period		-41,148	-51,918
Accumulated funds at the end of period	8	836,764	877,912

The attached notes form part of these financial statements.

THE MIDWIFERY COUNCIL OF NEW ZEALAND
STATEMENT OF FINANCIAL POSITION
"What the entity owns?" and "What the entity owes?"
AS AT 31 MARCH 2019

	Notes	2019 \$	2018 \$
CURRENT ASSETS			
Cash and cash equivalents		515,160	445,905
Investments		1,646,097	1,667,371
Accounts receivable	6	21,083	58,144
Prepayments		10,387	20,281
TOTAL CURRENT ASSETS		2,192,727	2,191,701
NON-CURRENT ASSETS			
Fixed assets	4	42,086	57,577
Intangible assets	4	43,115	73,112
Artwork		5,500	5,500
TOTAL NON CURRENT ASSETS		90,701	136,189
TOTAL ASSETS		2,283,428	2,327,891
CURRENT LIABILITIES			
Accounts payable		60,406	45,518
Accrued expenses		14,225	47,037
GST due for payment		156,663	164,715
Employee costs payable	7	54,703	55,640
Income received in advance	5	1,143,022	1,129,483
Withholding Tax payable		17,646	7,586
TOTAL CURRENT LIABILITIES		1,446,664	1,449,978
TOTAL LIABILITIES		1,446,664	1,449,978
NET ASSETS		836,764	877,912
Represented By:			
EQUITY	8	836,764	877,912

For and on behalf of the council.


 Christina Mallon
 Chairperson
 Date: 17/9/19


 Sharron Cole
 CE & Registrar
 Date: 17 September 2019

The attached notes form part of these financial statements.

THE MIDWIFERY COUNCIL OF NEW ZEALAND
STATEMENT OF CASH FLOWS
"How the entity has received and used cash"
FOR THE YEAR ENDED 31 MARCH 2019

	2019	2018
	\$	\$
Cash Flows from Operating Activities		
<u>Cash was received from:</u>		
Statutory Fees and Levies	1,241,502	1,047,563
Registration Income	71,587	75,826
Other Fees	172,612	96,572
Interest Revenue	42,896	23,973
<u>Cash was applied to:</u>		
Payments to Suppliers & Employees	-1,481,052	-1,211,045
Net Cash Flows from Operating Activities	<u>47,545</u>	<u>32,889</u>
Cash Flows from Investing and Financing Activities		
<u>Cash was received from:</u>		
Sales of fixed assets	436	0
Short-term Investments	21,274	0
<u>Cash was applied to:</u>		
Purchase of Fixed Assets	0	-22,698
Short-term Investments	0	-23,644
Net Cash Flows from Investing and Financing Activities	<u>21,710</u>	<u>-46,342</u>
Net Increase / (Decrease) in Cash	<u>69,255</u>	<u>-13,452</u>
Opening Cash Brought Forward	445,905	459,357
Closing Cash Carried Forward	<u>515,160</u>	<u>445,905</u>
Represented by:		
Cash and Cash Equivalents	515,160	445,905

**THE MIDWIFERY COUNCIL OF NEW ZEALAND
STATEMENT OF ACCOUNTING POLICIES
"How did we do our accounting?"
FOR THE YEAR ENDED 31 MARCH 2019**

STATEMENT OF ACCOUNTING POLICIES

REPORTING ENTITY

The Council is a body corporate established by the Health Practitioners Competence Assurance Act 2003 (HPCAA) and is a Responsible Authority under that Act.

The financial statements have been prepared in accordance with generally accepted accounting practice in New Zealand (NZ GAAP) and have been prepared on the basis of historical cost.

The Council has elected to apply PBE SFR-A (PS) Public Benefit Entity Simple Format Reporting - Accrual (Public Sector) on the basis that it does not have public accountability and has total annual expenses of equal to or less than \$2,000,000. All transactions in the Performance Report are reported using the accrual basis of accounting. The Performance Report is prepared under the assumption that the entity will continue to operate in the foreseeable future.

SPECIFIC ACCOUNTING POLICIES

INCOME RECOGNITION

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

Disciplinary recoveries are provided for as a doubtful debt in full on recognition. Income relating to disciplinary recoveries is recognised only on receipt.

RECEIVABLES

Receivables are stated at the amount owed less any impairment for amounts that are likely uncollectible.

PROPERTY, PLANT & EQUIPMENT

Initially stated at cost and depreciated as outlined below. Initial cost includes the purchase consideration plus any costs directly attributable to bringing the asset to the location and condition required for its intended use. Property, plant & equipment are shown at original cost less accumulated depreciation.

Depreciation

Depreciation has been calculated over the expected useful life of the assets on a straight line basis at the following rates

Computer Equipment	25.00%	Straight line
Office Equipment	13.0% - 33.0%	Straight line
Furniture & Fittings	12.5% - 33.0%	Straight line
Leasehold Improvements	20.00%	Straight line

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 impairment loss.

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.

**THE MIDWIFERY COUNCIL OF NEW ZEALAND
STATEMENT OF ACCOUNTING POLICIES
"How did we do our accounting?"
FOR THE YEAR ENDED 31 MARCH 2019**

STATEMENT OF ACCOUNTING POLICIES (continued)

INCOME TAX

The Council has been registered as a charitable entity by the Charities Commission, and therefore under the Charities Act 2005 is exempt from Income Tax.

INVESTMENTS

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

GOODS & SERVICES TAX

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

LEASES

Payments made under operating leases are recognised in the statement of financial performance on a basis representative of the pattern of benefits expected to be derived from the leased asset.

CASH AND CASH EQUIVALENTS

Cash and cash equivalents includes petty cash, deposits at cheque account and saving account with banks.

EMPLOYEE ENTITLEMENTS

Provision is made in respect of the Board's liability for annual leave at balance date. Annual leave has been calculated on an actual entitlement basis at current rates of pay. No provision is made for sick leave entitlement as this does not accumulate.

CHANGES IN ACCOUNTING POLICIES

All policies have been applied on a consistent basis with those used in previous years.

COMPARATIVES

Some prior year comparative figures have been reclassified to match current year disclosure.

**THE MIDWIFERY COUNCIL OF NEW ZEALAND
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2019**

		2019	2018
	NOTE	\$	\$
1. BOARD & COMMITTEES			
Conferences		34,757	21,765
Fees		75,140	152,326
Meeting expenses, training ,travel & others		36,375	79,275
Projects		100,226	20,013
		<u>246,498</u>	<u>273,379</u>
2. SECRETARIAT			
Audit fees		8,288	7,952
Depreciation & amortisation	4	45,052	42,367
Legal costs		43,930	39,890
Occupancy costs		114,604	58,933
Other costs		153,563	80,688
Personnel costs		705,269	592,044
Professional fees		170,924	132,937
Telephone, Postage & Printing and Stationery		18,782	23,729
		<u>1,260,412</u>	<u>978,540</u>
3. DISCIPLINARY EXPENSES			
Professional Conduct Committee expenses		12,235	13,977
Health Practitioners Disciplinary Tribunal expenses		51,733	83,906
		<u>63,968</u>	<u>97,883</u>

**THE MIDWIFERY COUNCIL OF NEW ZEALAND
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2019**

4. PROPERTY, PLANT & EQUIPMENT AND INTANGIBLE ASSETS

At 31 March 2019	Opening carrying value	Current year additions	Current year disposals/sales	Net Depreciation, amortisation & Impairment	Closing Carrying Value
Furniture & fittings	19,962			-3,337	16,625
Computer equipment	22,626		-501	-6,514	15,611
Office refit	14,989			-5,139	9,850
	57,577	0	-501	-14,990	42,086
Database & Website software	73,112			-29,997	43,115
	73,112	0	0	-29,997	43,115

At 31 March 2018	Opening carrying value	Current year additions	Current year disposals/sales	Net Depreciation, amortisation & Impairment	Closing Carrying Value
Furniture & fittings	22,110	1,126		-3,274	19,962
Computer equipment	5,071	21,572	-59	-3,958	22,626
Office refit	20,104			-5,115	14,989
	47,286	22,698	-59	-12,347	57,577
Database & Website software	103,132			-30,020	73,112
	103,132	0	0	-30,020	73,112

5. INCOME IN ADVANCE

	2019	2018
	\$	\$
Fees received relating to next year		
A/PC fees	1,012,935	1,001,217
Discipline Levy	130,087	128,266
	1,143,022	1,129,483

**THE MIDWIFERY COUNCIL OF NEW ZEALAND
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2019**

6. ACCOUNTS RECEIVABLE	2019	2018
	\$	\$
Accounts receivable	\$11,328	\$49,974
Accrued income	\$9,755	\$8,170
	\$21,083	\$58,144

7. EMPLOYEE COSTS PAYABLE	2019	2018
	\$	\$
PAYE owing	12,735	16,511
Holiday pay accrual	36,179	35,180
Kiwisaver contributions owing	4,951	3,399
Student loan owing	838	550
	54,703	55,640

8. EQUITY	2019	2018
	\$	\$
General Reserve		
Accumulated surpluses with unrestricted use		
Balance at 1 April	874,078	977,227
Surplus/(Deficit) for year	-144,806	-103,149
Balance at 31 March	729,272	874,078
Discipline Reserve		
Opening Balance	3,834	-47,397
Levies received	167,626	149,114
Discipline Costs	-63,968	-97,883
Balance at 31 March	107,492	3,834
Total Reserves	836,764	877,912

General reserve is used for operating expenses;

Discipline reserve is used for the Professional Conduct Committees (PCC) and Health Practitioners Disciplinary Tribunal (HPDT) costs.

**THE MIDWIFERY COUNCIL OF NEW ZEALAND
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2019**

9. COMMITMENTS

The Council has an agreement with Nursing Council of New Zealand for the provision of back office corporate services. The Service Level Agreement is for an initial period of five years. The future estimated commitments based on the expected costs including in this agreement as at 31 March 2019 are: property \$34,824; corporate services \$66,205; total \$101,029.

	2019	2018
	\$	\$
Due in 1 year	66,205	66,741
Due between 1-2 years	59,494	66,741
Due between 2-5 years	0	59,975
	<u>125,699</u>	<u>193,457</u>

Contractual commitments for operating leases of premises
Level 5, 22 Willeston Street Wellington

	2019	2018
	\$	\$
Due in 1 year	34,824	31,588
Due between 1-2 years	31,293	31,588
Due between 2-5 years	0	28,386
	<u>66,117</u>	<u>91,562</u>

The figures disclosed above reflect the Council's rent, as currently payable.
The lease agreement is in the name of Nursing Council of New Zealand.

THE MIDWIFERY COUNCIL OF NEW ZEALAND NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2019

10. RELATED PARTY TRANSACTIONS

There were no disclosable transactions involving related parties during the financial year. (2018: \$Nil).

11. CONTINGENT LIABILITIES

There were no contingent liabilities or guarantees as at balance date (2018: \$Nil).

12. CREDIT CARD FACILITY

The Council has a credit card facility of \$20,000 limit, held with Westpac.

13. CAPITAL COMMITMENTS

There are no capital commitments at balance date. (2018: \$Nil)

14. EVENTS AFTER BALANCE DATE

There were no events that have occurred after balance date that would have a material impact on the Performance Report. (2018 \$Nil)

15. SHARED SERVICES

In 2015/16, Nursing Council of New Zealand, Occupational Therapy Board of New Zealand, Podiatrists Board of New Zealand, Dietitians Board, Midwifery Council of New Zealand, Psychotherapists Board of Aotearoa New Zealand, Osteopathic Council of New Zealand, Chiropractic Board, Psychologist Board, and Optometrists & dispensing Opticians Board entered into an agreement to co-locate to 22 Willeston Street, Wellington. The lease agreement for 22 Willeston Street (signed solely by Nursing council of New Zealand) is for five years taking effect from 1st February 2016 and expiring on 1st February 2021.

To facilitate the management of shared resources, including a joint lease agreement for office rental purposes and corporate supports, the ten RAs entered into an agreement for the provision of corporate services.

**INDEPENDENT AUDITOR'S REPORT
TO THE READERS OF MIDWIFERY COUNCIL OF NEW ZEALAND
PERFORMANCE REPORT FOR THE YEAR ENDED 31 MARCH 2019**

The Auditor-General is the auditor of the Midwifery Council of New Zealand. The Auditor-General has appointed me, Chrissie Murray, using the staff and resources of Baker Tilly Staples Rodway Audit Limited, to carry out the audit of the performance report of the Midwifery Council of New Zealand on his behalf.

Opinion

We have audited the performance report of the Midwifery Council of New Zealand, that comprise the entity information, the statement of financial position as at 31 March 2019, the statement of financial performance, the statement of movements in equity and statement of cash flows for the year ended on that date and the notes to the performance report that include accounting policies and other explanatory information.

In our opinion the performance report of the Midwifery Council of New Zealand presents fairly, in all material respects:

- the entity information,
- its financial position as at 31 March 2019; and
- its financial performance and cash flows for the year then ended; and
- comply with generally accepted accounting practice in New Zealand and have been prepared in accordance with Public Benefit Entity Simple Format Reporting – Accrual (Public Sector).

Our audit was completed on 17 September 2019. 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 relating to the performance report, 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 Professional and Ethical Standards and International Standards on Auditing (New Zealand) issued by the New Zealand Auditing and Assurance Standards Board. Our responsibilities under those standards are further described in the Responsibilities of the Auditor section of our report.

We have fulfilled our responsibilities in accordance with the Auditor-General's Auditing Standards.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of the Council for the performance report

The Council is responsible for preparing the performance report that is fairly presented and that complies with generally accepted accounting practice in New Zealand.

The Council is responsible for such internal control as it determines is necessary to enable the preparation of the performance report that is free from material misstatement, whether due to fraud or error.

In preparing the performance report, the Council is responsible on behalf of the Midwifery Council of New Zealand for assessing the Council's ability to continue as a going concern. The Council is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting, unless there is an intention to liquidate the Midwifery Council of New Zealand or to cease operations, or there is no realistic alternative but to do so.

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

Responsibilities of the auditor for the audit of the performance report

Our objectives are to obtain reasonable assurance about whether the performance report, as a whole, is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit carried out in accordance with the Auditor-General's Auditing Standards will always detect a material misstatement when it exists. Misstatements are differences or omissions of amounts or disclosures, and can arise from fraud or error. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of readers taken on the basis of the performance report.

We did not evaluate the security and controls over the electronic publication of the performance report.

As part of an audit in accordance with the Auditor-General's Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. Also:

- We identify and assess the risks of material misstatement of the performance report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- We obtain an understanding of internal control relevant to the audit 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.
- We evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the governing body.
- We conclude on the appropriateness of the use of the going concern basis of accounting by the Council and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Midwifery Council of New Zealand's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the performance report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Midwifery Council of New Zealand to cease to continue as a going concern.

- We evaluate the overall presentation, structure and content of the performance report, including the disclosures, and whether the performance report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Council regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Our responsibility arises from the Public Audit Act 2001 and section 134(1) of the Health Practitioners Competence Assurance Act 2003.

Independence

We are independent of the Midwifery Council of New Zealand in accordance with the independence requirements of the Auditor-General's Auditing Standards, which incorporate the independence requirements of Professional and Ethical Standard 1 (Revised): *Code of Ethics for Assurance Practitioners* issued by the New Zealand Auditing and Assurance Standards Board.

Other than the audit, we have no relationship with, or interests in, the Midwifery Council of New Zealand.



Chrissie Murray
Baker Tilly Staples Rodway Audit Limited
On behalf of the Auditor-General
Wellington, New Zealand

8. Contact details

Secretariat

Staff members of the Midwifery Council at 31 March 2019 were:

Chief Executive and Registrar:	Sharron Cole
Deputy Registrar:	Susan Calvert
Policy and Risk Advisor:	Leon Mitchell
Operations Manager:	To be appointed
Programmes Administrator:	Haare Stewart-Shaw
Registration/Education Administrator:	Christine Whaanga
Notifications Administrator:	Trudy Rook
Midwifery Project Advisor:	Nicky Jackson (.2 FTE)
Administration Assistant:	Jess Seikmann (contracted position)

Legal advisors

Matthew McClelland	Renee Riddell-Garner
Harbour Chambers	Central Chambers
PO Box 10-242	PO Box 5598
The Terrace	Wellington 6145
Wellington 6143	

Bankers

Westpac
PO Box 691
Wellington 6011

Communications advisor

Leigh Bredenkamp
e-Borne Solutions Ltd
PO Box 28 115, Kelburn
Wellington, 6150

All correspondence to the Council should be addressed to:

Midwifery Council	Email: info@midwiferycouncil.health.nz
PO Box 9644	Tel: (04) 499 5040
Marion Square	Fax: (04) 499 5045
Wellington 6141	



Midwifery Council
Te Tatau o te Whare Kahu