



Te Tatau o te Whare Kahu Midwifery Council

ANNUAL REPORT

TE TATAU O TE WHARE KAHU | MIDWIFERY COUNCIL

TO THE MINISTER OF HEALTH FOR THE YEAR TO 31 MARCH 2024



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.

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FACTS AT A GLANCE

We registered

163 New Zealand educated midwives

36 Internationally Qualified Midwives

Return to Practice Programmes

7 midwives completed a Return to Practice programme

4 midwives completed a Return to New Zealand Practice programme

We received

78 referrals involving midwives' competence

28 notifications involving midwives' conduct

40 notifications involving midwives' health

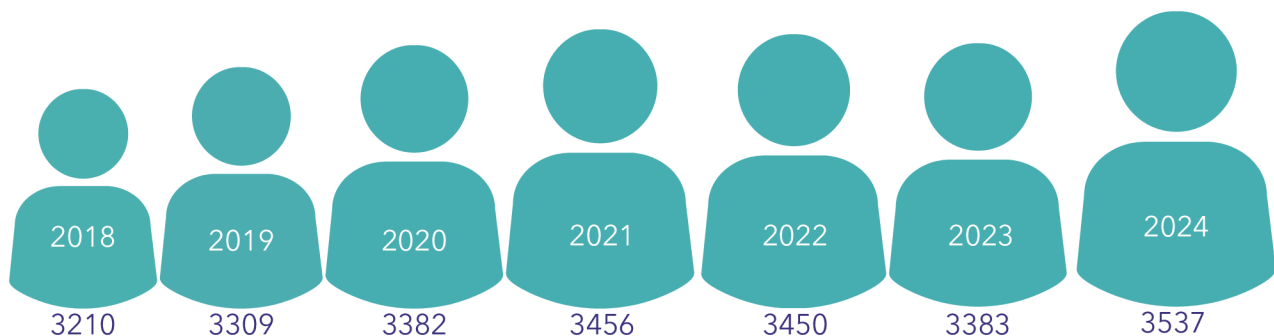
Outcomes

Referred **4** midwives to a Professional Conduct Committee

Conducted **22** competence reviews

Required **18** midwives to undertake competence programmes

Numbers of practising midwives across the years



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
- Equity
- Accountability

Functions and duties:

- 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
- Prescribe the qualifications required of registered midwives
- Accredite and monitor midwifery educational institutions and programmes
- Authorise registration and 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, including competencies that will enable effective and respectful interaction with Māori
- Liaise with other responsible authorities about matters of common interest
- Promote education and training in midwifery
- Promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services
- Promote public awareness of the Council's responsibilities

01. Governance

Ngā manaa. 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



As Co-chairs of Te Tatau o te Whare Kahu | Midwifery Council (the Council), we want to acknowledge the continued mahi, dedication and commitment of kahu pōkai | midwives across Aotearoa New Zealand. We understand that health workforce shortages and changes have placed significant pressure on the workforce. It has meant that kahu pokai | midwives and student kahu pōkai | midwives have learned to work and operate in different and innovative ways, as well as cope with the effects of ongoing stress and trauma.

The Council's role is to protect the public - its primary focus is to ensure that kahu pōkai | midwives are fit and competent to practise so as to provide the best possible midwifery care to whānau – wāhine | women, birthing people and pēpi. The Council has been pleased to see that kahu pōkai | midwives have demonstrated their commitment to learning and development through their engagement in education via the Recertification Programme. We are mindful of the current shortage of kahu pōkai | midwives and the considerable stress that this places on the remaining workforce. The Council is doing all it can to address these issues from a regulatory perspective.

Strategic priorities

The role of the Board is to set the strategic direction of the Council and to ensure that it is resourced effectively so it can operate efficiently. The Council is a responsible authority under the Health Practitioners Competence Assurance Act 2003. As regulators our role is to ensure public safety – this is the focus of all our strategy, actions and decision making.

The Council is committed to clearly articulating and demonstrating its commitment to Te Tiriti o Waitangi and cultural safety in midwifery practice - it acknowledges Te Tiriti o Waitangi as the foundation of the relationship between Tangata Whenua and Tangata Tiriti in Aotearoa New Zealand. Key outcomes against our strategic plan include making sure the Board and Secretariat work in a way that is Te Tiriti honouring, and that there is a clear commitment by the Council to Cultural Safety and equity for all wāhine and pēpē.

Meeting with Nga Maia Trustees

We were honoured to welcome members of Ngā Maia Trust who travelled to Pōneke | Wellington in May 2023 to participate in part of our annual planning day. It was extremely valuable to meet with the Trustees and learn more about our common objectives and aspirations. We plan to work closely together to support a culturally safe midwifery workforce in Aotearoa.

Triennial Conference

In June 2023, we were fortunate to travel to the 33rd Triennial International Congress of Midwives in Indonesia with Tumu Whakahaere me te Pouroki | Chief Executive Lesley Clarke. The Congress brought the global community of midwives together to build relationships, cultivate ideas, and identify pathways for progress.

After three busy days of useful workshops and plenary sessions, the final gathering explored the role of ICM in advancing inclusive midwifery. It examined ways we support kahu pōkai | midwives to deliver the best-possible care to birthing people around the globe. In many parts of the world midwifery can be very challenging - women frequently have fewer childbirth choices and midwives have to work in areas of extreme deprivation and violence.

We acknowledge how far we have come in Aotearoa, where we rightly have a strong focus on whānau health and kahu pōkai | midwives work in partnership with whānau in their pregnancy and birth journey.

There is growing global understanding and acceptance of the importance of cultural as well as clinical safety. Whilst we acknowledge there is plenty of work still to do and many challenges ahead of us, we celebrate how far the profession of midwifery has developed in our part of the world.

Board comings and goings

During this financial year we farewelled Board members Mahia Winder and Beatrice Latham.

In July 2023, Mahia retired after serving on Council for over six years, she made a significant impact by sharing her vast knowledge of Māori midwifery care. Since qualifying in the mid 90's, she has practised across all areas of midwifery, including home birth and hospital core midwifery. In 2015, she became Leader of the Māori midwifery team which focuses on ensuring that Māori receive clinically and culturally appropriate midwifery care. Bea resigned in January 2024 and we congratulate her on her position as the National Co-President of New Zealand College of Midwives | Te Kāreti o ngā Kaiwhakawhānau ki Aotearoa. We acknowledge her ongoing commitment to the profession in this role. Bea brought a wealth of knowledge as an experienced midwife and academic from Tairāwhiti | Gisborne as wāhine Māori, and we wish her well in completing her *tohu kairanga* | Doctorate.

Te Tatau o te Whare Kahu | Midwifery Council would like to thank Mahia and Bea for their service to midwifery regulation and wish them well for all future endeavours.

In July 2023, midwife Kiley Clark and consumer representative Sue Kedgley were appointed to Council by the Minister of Health. At the first meeting of 2024, Ngarangi Pritchard stepped down from the Tangata Whenua Co-Chair role and Kiley Clark was appointed to this position. Ngarangi continued to serve on the Board. Kerry Adams was reappointed as Tangata Tiriti Co-Chair. We acknowledge the energy, humility and knowledge that Ngarangi brought to her mahi as inaugural Tangata Whenua Co-Chair. Her compassionate commitment to midwifery and her belief in the importance of improving outcomes for whānau have been instrumental in guiding the work of Te Tatau o te Whare Kahu. We are deeply grateful for all Ngarangi gave to the Board.

The Secretariat

After careful consideration, the Council agreed it was wise to separate the roles of Chief Executive and Registrar. From April 2023, the role of Tumu Whakahaere me te Pouroki | Chief Executive was held by Lesley Clarke and Jessica Schreiber took up the position of Pouroki | Registrar.

On behalf of the Council, we would like to express our sincere thanks to Lesley as well as the team in the office who have continued to work and provide high quality, professional services to kahu pōkai | midwives and whānau throughout these turbulent times. The Council simply could not function without them, and we are truly grateful.

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.



Kiley Clarke
Co-Chair | Tangata Tiriti



Kerry Adams
Co-Chair | Tangata Tiriti

Members of Te Tatau o te Whare Kahu | Midwifery Council as at 31 March 2024

Council appointments are made by the Minister of Health. Appointments processes are managed by Manatū Hauora | Ministry of Health who advertise when vacancies become due. Individuals can be appointed to a board for a maximum of nine consecutive years. However, each must reapply for a new appointment when their current appointment ends.

Our Council members this period were (featured left to right, top to bottom):

Ngarangi Pritchard (Tangata Whenua Co-Chair), Kerry Adams (Tangata Tiriti Co-Chair), Chris Mallon, Jude Cottrell, Melanie Tarrant, Kiley Clark, Beatrice Leatham, Mahia Winder and Sue Kedgley,



FEES FOR COUNCIL MEMBERS AND APPOINTEES

The current fees are:

- Agreed specific tasks and teleconference meetings \$93.75 per hour
- Meetings - Chairperson \$950 per full day, half day meetings are proportional
- Meetings - Members \$750 per day, half day meetings are proportional

Summary of fees received in this financial year by board member:

Board Member	Fees Received \$
Ngarangi Pritchard	\$14,250
Kerry Adams	\$20,900
Kiley Clark	\$5,430
Christina Mallon	\$8,438
Melanie Tarrant	\$10,781
Judith Cottrell	\$11,016
Mahia Winder	\$5,438
Bea Leatham	\$6,000
Sue Kedgley	\$8,672

*Gross Income - Includes resident withholding tax

Council meetings

During 2023-2024, the Council held a number of meetings, either face to face or online, with more online meetings being held to reduce costs and to improve accessibility and flexibility for participants. This approach allowed Council members to engage more frequently and effectively, ensuring timely decision-making and maintaining productivity throughout the year.

The Council also has regular fitness to practice meetings in order to manage workflow in fitness to practise matters. All members of the Council currently participate in these meetings.

The finance, audit and risk management committee also met quarterly. The purpose of this committee is to assist the Council in discharging its responsibilities relative to financial accountability, control framework and risk management assurance. The committee comprises three Council members, Melanie Tarrant (Chair), Ngarangi Pritchard and Kerry Adams.

STRATEGIC OBJECTIVES 2021

Strategic Objective 1

The Council clearly articulates and demonstrates its commitment to Te Tiriti o Waitangi and cultural safety in midwifery practice

Outcome

- The Council board and secretariat work in a way that is Te Tiriti honouring. There is clear commitment by the Council to Cultural Safety and equity for wahine and pepe
- The Board demonstrates commitment to Te Tiriti
- Tangible measures for cultural safety are developed

Strategic Objective 2

Ensure standards of clinical and Cultural competence means that Midwives are competent and fit for Midwifery practice.

Set the necessary Standards of clinical and cultural Competence including competencies that will enable effective interaction with Tangata Whenua and that define Safe practice in this context.

Outcome

- A revised scope of practice statement, set of standards of competency for entry to the register of midwives and standards for pre-registration programmes of education are developed.
- Midwives utilise the revised standards of clinical and cultural competence in their practice.
- Programmes of education are contemporary and those achieving the graduate profile meet the required standard to enter the register.
- Recertification programmes are aligned to the new framework
- Return to practice and international registration processes are aligned to the new framework.

Strategic Objective 3

Whānau view midwives as competent, honest and culturally safe.

Stakeholders understand the safety role of Te Tatau o te Whare Kahu | Midwifery Council.

Outcome

- The Council clearly articulates the safety net that sits around midwives and midwifery as its decisions are informed by robust evidence.
- The Council's role is known and understood by women and their whānau and by midwives and women view midwifery as a trustworthy profession.
- Robust data supports the work of the Council and highlights priorities for action.
- Publications provide information about the Council.

Strategic Objective 4

The Council has robust and effective IT and information management systems.

Outcome

- Council processes and decision making are supported and enabled by a fit for purpose IT system. Information assets are protected with appropriate safety and security.

02. Secretariat



Tumu Whakahaere Chief Executive's Report

Tēnā koutou katoa. It is my pleasure to present the 2023/2024 Te Tatau o te Whare Kahu | Midwifery Council (the Council) Annual Report.

Midwifery is a unique profession, and Aotearoa New Zealand has a unique model of midwifery care that is globally recognised as representing a cost-effective strategy to optimise outcomes with minimal use of unnecessary interventions and resources. Midwifery led maternity care in New Zealand offers continuity of care, across care settings that is whānau centric, partnership based and holistic. Kahu pōkai | midwives provide care on their own responsibility and work autonomously within their Scope of Practice. The success of this model rests largely on the expertise and particular attributes of kahu pōkai | midwives who achieve and maintain the skills and standards required to practice in Aotearoa New Zealand.

Their identity and mana as an autonomous profession is critical to their sense of vocation and purpose. This also importantly contributes to public trust in the profession and in Aotearoa New Zealand's maternity service.

It is the Council's role to help ensure this trust is maintained. We protect the public by ensuring that all kahu pōkai | midwives practising in Aotearoa New Zealand are competent, and remain competent throughout their career and in all areas of their practise. Parents and whānau need to have confidence that the people they are entrusting with their care are qualified and safe, and that mechanisms and the standards set to ensure this are robust.

Whānau also need to have confidence that kahu pōkai | midwives are held to these standards when concerns about fitness to practise and conduct are raised. It is therefore also the Council's role to take appropriate action when this happens.

Good decision making and the setting of appropriate and robust standards for public safety can only be achieved if consumers have voice and are represented. Laypeople on Council are therefore critical to both regulatory decision making and the governance of the Council. We have been fortunate to have two strong and effective laypeople on Council and we have asked the Minister to appoint a third person to strength the voice of whānau.

Scope of Practice

The Council is required under the Health Practitioners Competence Assurance Act 2003 (HPCAA) to provide the Scope of Practice for midwifery and define midwifery practice in Aotearoa New Zealand. The Scope of Practice outlines the broad boundaries of midwifery practice and, alongside prescribed qualifications, is secondary legislation.

During 2023/2024 the Council progressed a major review of the Scope of Practice for Midwifery that had been in place since 2010. Key objectives of the review were to better align the Scope with contemporary midwifery practice, recognise the importance of whānau in midwifery care and, where appropriate, enable kahu pōkai | midwives to extend their midwifery practice by undertaking further education and gaining experience. The review also sought to be inclusive of all people and promote culturally safe care, embedding Te Tiriti o Waitangi principles in midwifery practice.

Establishing enabling Scopes of Practice based on education and competence as we have done with the Midwifery Scope of Practice is a safe way to improve access to a range of services through a single point of care, such as early pregnancy ultrasound, and can have a positive impact where workforce shortages exist. Sound regulatory oversight of expanded care within Scope of Practice is however required.

Cultural safety

Midwifery practice is underpinned by the relationship and partnership between woman | wahine | birthing person | whānau and kahu pōkai | midwife, built on trust, respect and equality. All people accessing midwifery care need to be confident that their cultural needs will be acknowledged, understood and facilitated. Council has worked to enshrine this in midwifery practice and this is reflected in our review of the Scope of Practice.

Ethnicity, deprivation and age inequities persist across perinatal and maternal mortality. The Annual Report of the Perinatal and Maternal Mortality Review Committee identifies that there continues to be worse outcomes for babies with Māori, Pacific and Indian mothers compared with New Zealand European mothers.

In light of this, and our obligations under the HPCAA, the Council agreed in 2023 that Cultural Safety should be a mandatory requirement for recertification for the 2024-2027 recertification cycle. To support this, we are partnering with Nga Maia Māori Midwives o Aotearoa to deliver the Turanga Kaupapa Education Programme.

Pathways to becoming a registered kahu pōkai | midwife in New Zealand

Over the 2023/24 year 163 New Zealand educated kahu pōkai | midwives holding a Bachelor of Midwifery degree were registered and able to commence practice. A further 36 internationally qualified midwives were also registered. This is less than the previous year but an improvement on the numbers registered during COVID.

Alternative pathways to registration are being progressed with the Council considering a new qualification graduate entry Master's programme for people who are already registered health practitioners.

Work is also being undertaken to facilitate processes for internationally qualified kahu pōkai | midwives wanting to register in Aotearoa New Zealand. It is however of note, unfortunately, that around 20% of midwives who successfully gain registration never apply for an Annual Practising Certificate (APC) or do not renew their APC after the first year.

Connecting with stakeholders

The Council's work does not exist in isolation of the wider health sector system and environment - professional regulation is an important aspect in workforce dynamics and models of care. We have been pleased to be 'at the table' and contribute constructively as challenges and opportunities are discussed, as well as to be part of solutions and initiatives proposed.

This includes working with the Ministry of Health, Te Aka Whai Ora, Te Whatu Ora Health New Zealand and the other Responsible Authorities.

We are also greatly appreciative of the close working relationship we have with both the New Zealand College of Midwives and Ngā Maia Māori Trust Midwives o Aotearoa. While our respective roles are different, our shared aspirations for the care of hapū wahine, pēpē and whānau bring us together.

In closing I would like to acknowledge and thank the staff and Council Board for their exemplary work and unwavering commitment to the Council's mission and purpose.

Ngā manaakitanga,



Lesley Clarke

Tumu Whakahaere me te Pouroki |Chief Executive

03. Registration of, and Practising Certificates for, midwives

a. Scopes of practice

The Council has the responsibility to:

- specify the Midwifery Scope of Practice

Under the Health Practitioners Competence Assurance Act 2003 (HPCAA), the Council is required to provide the Scope of Practice for midwifery and define midwifery practice in Aotearoa New Zealand. The Scope of Practice outlines the broad boundaries of midwifery practice and, alongside prescribed qualifications, forms part of secondary legislation.

The key Council's key strategic project, the Aotearoa Midwifery Project, has completed an evidence-based review of the Midwifery Scope of Practice. As part of this comprehensive project, the Council progressed a major review of the Scope of Practice for Midwifery during 2023/2024, updating the framework that had been in place since 2010.

The review's key objectives aligned with the project's Te Tiriti-based approach: to better reflect contemporary midwifery practice, recognise the central importance of whānau in midwifery care, and enable kahu pūkai | midwives to extend their practice through additional education and experience where appropriate. The review also prioritised inclusivity for all people and the promotion of culturally safe care, embedding Te Tiriti o Waitangi principles throughout midwifery practice.

This enabling approach to Scopes of Practice, based on education and competence, provides a safe pathway to improve service access through single-point care delivery, including services such as early pregnancy ultrasound. Such expansions can positively address workforce shortages while maintaining sound regulatory oversight of extended care within the 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 five schools of midwifery - Auckland University of Technology (AUT), Waikato Institute of Technology (WINTeC), ARA, Otago Polytechnic and Victoria University of Wellington.

The Bachelor of Midwifery degree is 480 credits/points. Three schools of midwifery now provide the programme over four traditional academic years, with AUT and Otago Polytechnic providing the degree over three extended academic years. In 2020 the Council approved a shortened programme of education for applicants who hold current registration and practising certificates with other health professional responsible authorities. This approval was granted to AUT and Otago Polytechnic.

The Council is also progressing an application from Waikato University for a Masters of Clinical Practice (Midwifery) degree.

Monitoring of Schools of Midwifery

Having approved and accredited a new school and programme of education at Te Herenga Waka | Victoria University of Wellington, the Council appointed a monitor to review and report on implementation of the programme.



National Midwifery Examination

A pass in the National Midwifery Examination is one of the requirements for Entry to the Register of Midwives. One of the Council's strategic objectives has been to harness technology to serve current and future needs. Part of this was the development of an online national examination. Prior to moving to the online examination, work had been undertaken that considered the examination construction and the examination blueprint. Moving the examination from a paper-based format to an online format with randomised questions has meant that a significant investment has been made in question development. Question review is also an important part of quality assurance to ensure that it remains relevant and up to date.

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

Internationally Qualified Midwives

Midwives apply to be registered online. However, because of requirements for original source or certified hard copies, some parts of the application process still require documentation to be sent to the Council. All applications are assessed individually to ensure applicants satisfy the requirements for registration as set out in s15 of the Act. The new database means that applications can be tracked and processed immediately once complete and assessed. Applicants then receive automatic notification of their application decision.

Table 1: Applications for registration decided in the 2023 - 2024 year

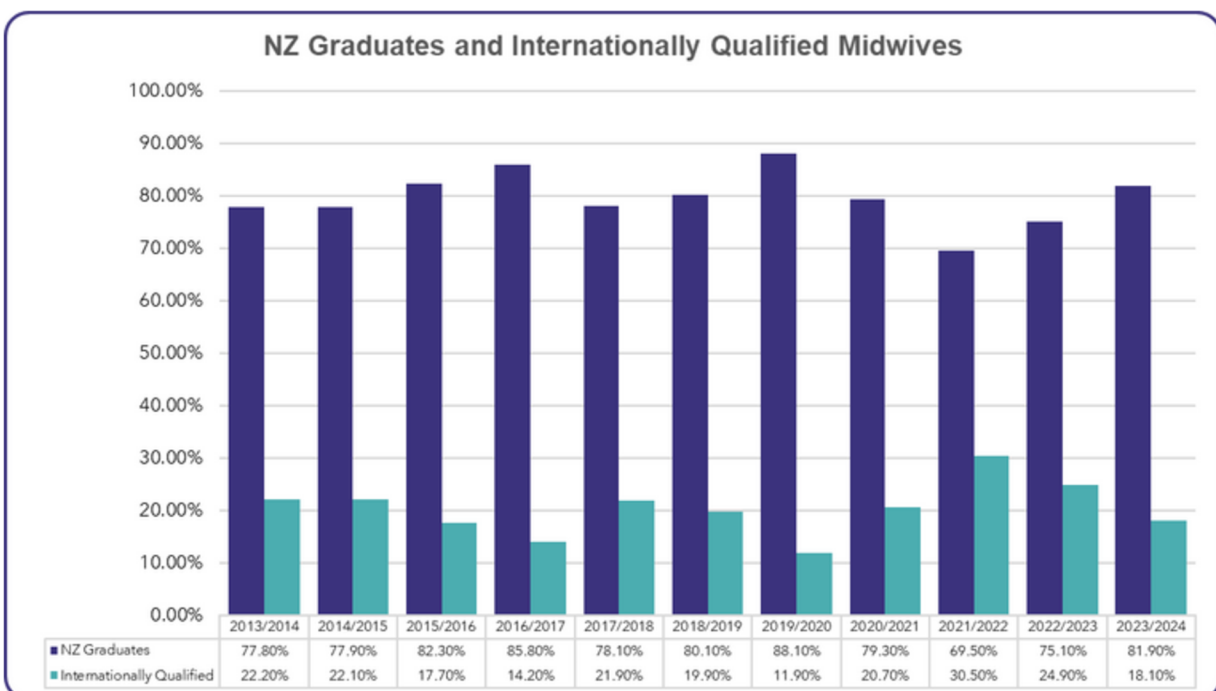
Outcomes			HPCAA section	Total Number
Registered	Registered with conditions	Not Registered		
199	0	0	s15	199
Reasons for non-registration*			HPCAA section	Total Number
Qualifications did not meet required standard			s15b	0
Did not meet the competence for practice			s15c	0

* 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.

Table 2: Number of Midwives registered between 1 April 2023 and 31 March 2024 with comparisons with last five years

Type/Year	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
NZ Graduates	173	214	115	123	163	163
Australian TTMRA	24	13	10	16	11	8
Internationally Qualified	19	16	20	38	43	28
Total	216	243	145	177	217	199

Table 3: Registrations between 1 April 2023 and 31 March 2024 with comparisons with previous years



New Zealand graduates still continue to be the largest number of new registrants that gain entry to the Register of Midwives. However, there is a need to ensure a sustained number of graduates enter the profession. Figures show that the number of New Zealand graduates in 2023-2024 is the same as the previous year but a reduced number of IQM and TTMRA registrations.

There is high attrition from the undergraduate programmes which is thought to be related in part to the extended academic year (four year programme delivered in three academic years) In 2023, Te Pukenga are in the process in developing a new Bachelor of Midwifery Programme. Which if approved would mean all Schools of Midwifery are delivering a four year Bachelor degree.

Midwifery First Year of Practice Programme

The Midwifery First year of Practice programme (MFYP), funded by the Ministry of Health and provided by the New Zealand College of Midwives, was implemented in 2007. From 1 February 2015, the Council made it mandatory for all new graduates to enrol in and successfully complete the programme. The Council receives high level reports from the programme coordinator. These show the number of midwives who have successfully completed the programme, the area in which they practise, and whether they practise as a Lead Maternity Carer or as a core midwife.

While the Council does not register internationally qualified midwives with less than one year clinical practice experience, it does register new graduates who apply under the TTMRA. Since November 2014, the Council has required any new graduates registering under the TTMRA to also complete the MFYP programme. In addition to completion of the MFYP the Council also receives reports from a supervisor they meet with monthly until completion of the overseas competence programme about the competence of Australian qualified new graduates. Australian new graduates are not able to work as Lead Maternity Carer midwives until they have completed the requirements of the Overseas Competence Programme and worked for a minimum of 12 months in clinical practice.

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.

Competence Programmes for Internationally Qualified Midwives

All internationally qualified midwives including applicants registering under the TTMRA 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)
- Te Tiriti o Waitangi workshop
- Cultural Competence
- GAP (Growth Assessment Protocol) education

The Council made a number of changes to the competence programme in 2020. This included the requirement for all internationally qualified midwives to have completed the cultural competence programme before they can be granted their first practising certificate. It also added the requirement for midwives to complete the Growth Assessment protocol education package as part of the programme.

An additional change was the requirement for all internationally qualified midwives to have a Council appointed supervisor as part of this process. Historically this had been a mentor, however the Council agreed that it needed more formal relationship to exist, with structured and regular reporting on internationally qualified midwives' competence and their integration into New Zealand practice. Supervisors are appointed by the Council and must report on midwives' transition to practise in the New Zealand context on a monthly basis.

For the 2023/2024 practising year, 25 Internationally Qualified Midwives (IQM's) completed the Overseas Competence Programme in an average of 21.9 months. Midwives are allocated 24 months to complete the programme and completion times for this practising year vary from 3 months through to 56 months.

Upon reviewing the data, it appears that this extension in completion time is primarily attributable to a number of Internationally Qualified Midwives re-engaging with the programme after having previously deferred their participation, thereby extending the overall timeframe. These midwives would have applied for an extension for completion from the Council.

Length of time Midwives are taking to complete the Overseas Competence Programme (OCP)

Year Started	Average Length of time take to complete OCP
2020	28 months
2021	16 months
2022	11 months
2023	18 months
2024	21.9 months



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

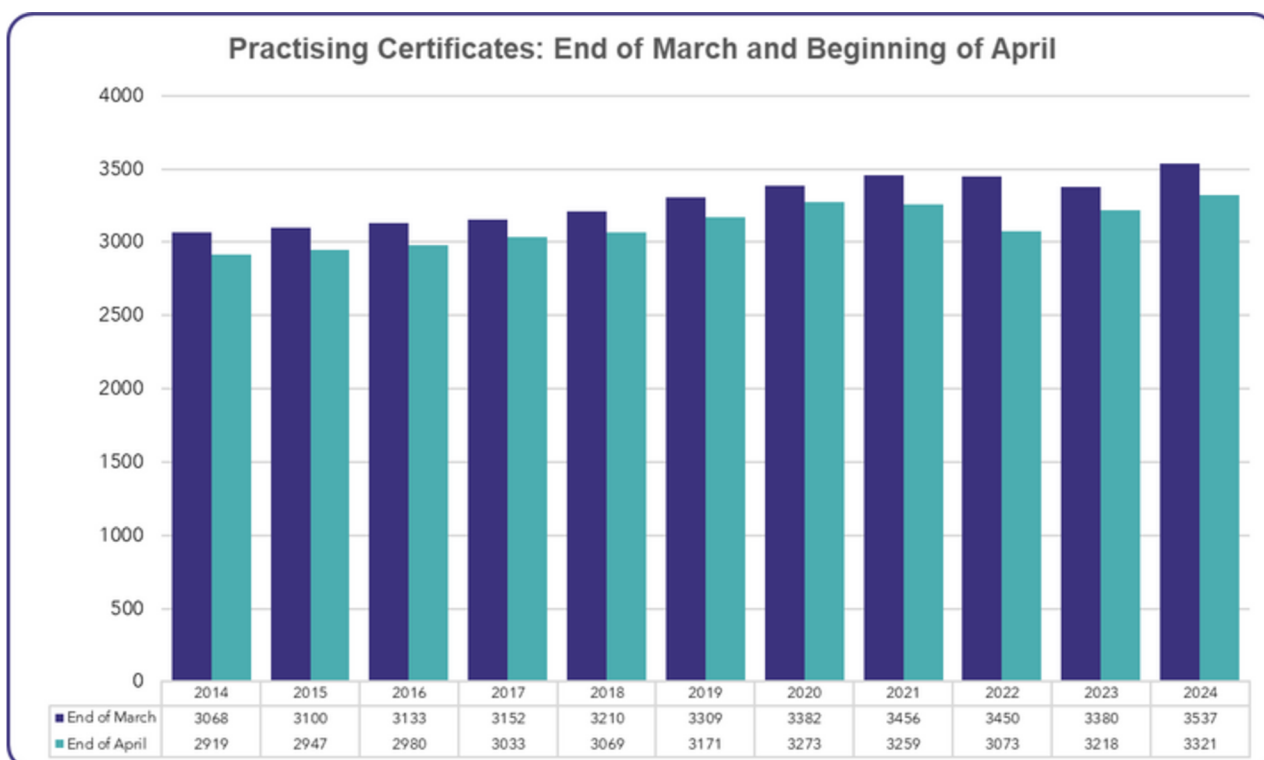
The total number of Annual Practising Certificates (APCs) issued in the last practising year has increased from last year, with 3,537 certificates granted by the end of the 2023-2024 practising year. Although there is still a significant shortfall compared to projected workforce needs, and is contributed to by lower than normal Return to Practice Programme completions and fewer New Graduate Registrations, this growth represents a significant positive achievement for the profession.

Historical trend data in Table 5 highlights that the current number of practising certificates is the highest ever recorded, both at the end of March and the beginning of April, underscoring continued resilience and progress in practitioner numbers.

Table 4: Applications for an annual practising certificate year ending 31 March 2024

Outcomes				Total Number
APC no conditions	APC with conditions	Interim APC	No APC	
3537	186	0	0	3537

Table 5: Comparative figures of midwives holding a practising certificate at the end of the year and at the beginning of the following year



Fees

A midwives Annual Practising Certificate fees is \$740 per annum which is inclusive of a \$50 disciplinary levy. There is no pro-rata fee if midwives work less than the whole practising year.

New Zealand educated graduates pay a reduced fee of \$230 for the first annual practising certificate in their first year on the Register of Midwives.

Return to Practice Programmes

The Council has the responsibility to:

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

Midwives seeking to resume practice after an absence of more than three years are required to demonstrate their competence by completing a Return to Practice Programme approved by the Council. The current requirements for the Return to Practice Programme for all midwives who have been away from practice for over three years include a combination of educational components, clinical skills development, and supervision.

The programme is divided into four categories:

CATEGORY A - If you have not practised for less than three years you are not required to complete a formal return to practice programme.

CATEGORY B - Midwives who have not practised between three to five years.

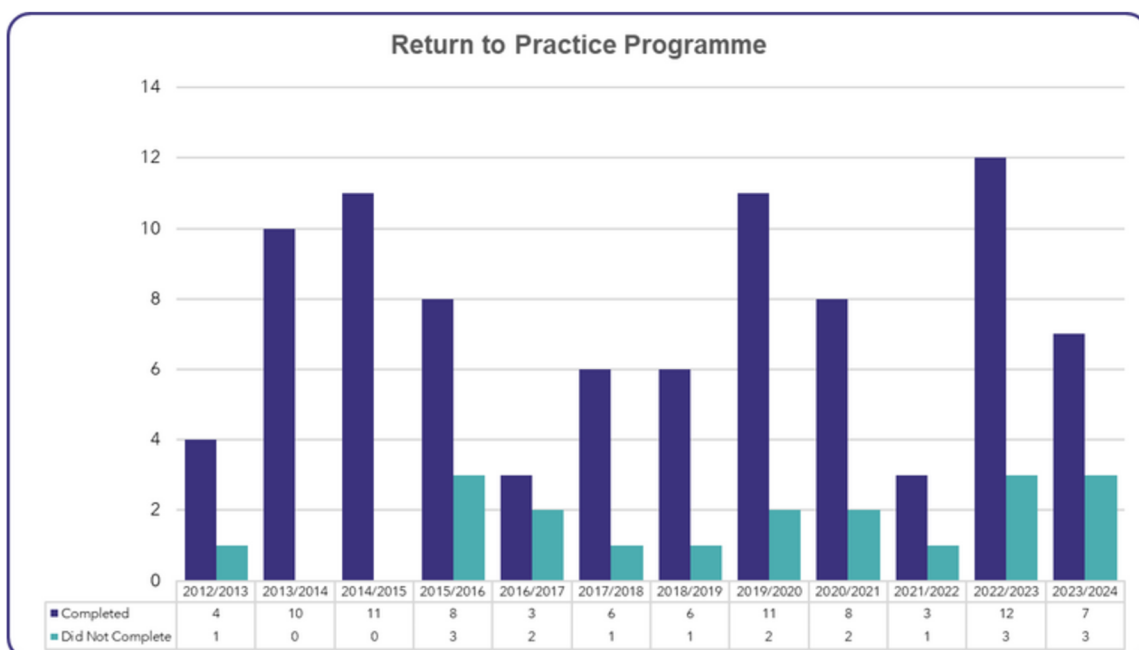
CATEGORY C - Midwives who have not practised between five to ten years.

CATEGORY D - Midwives who have been out of midwifery practice for > 10 years should contact the Council in the first instance.

The duration required to complete a Return to Practice (RTP) programme is primarily influenced by the specific category under which the programme falls, as well as various factors such as individual circumstances and personal obligations. The number of individuals completing RTP programmes fluctuates from year to year.

Table 6 shows 7 midwives completed the programme in 2023-2024, with 3 midwives not completing the programme. Reasons for midwives not completing include moving overseas, family commitments, and a change in personal circumstances.

Table 6: Number of formal Return to Practice programmes completed each year between 2012/2013 and 2023/2024



Return to New Zealand Practice

The Council requires that midwives returning to Aotearoa New Zealand after practising overseas must complete a Return to New Zealand Practice programme. This programme includes educational components designed to update the midwife on any changes to practice that may have occurred during their absence.

The number and type of courses required depend on the length of time that the midwife has been out of practice in Aotearoa. The programme is divided into three categories:

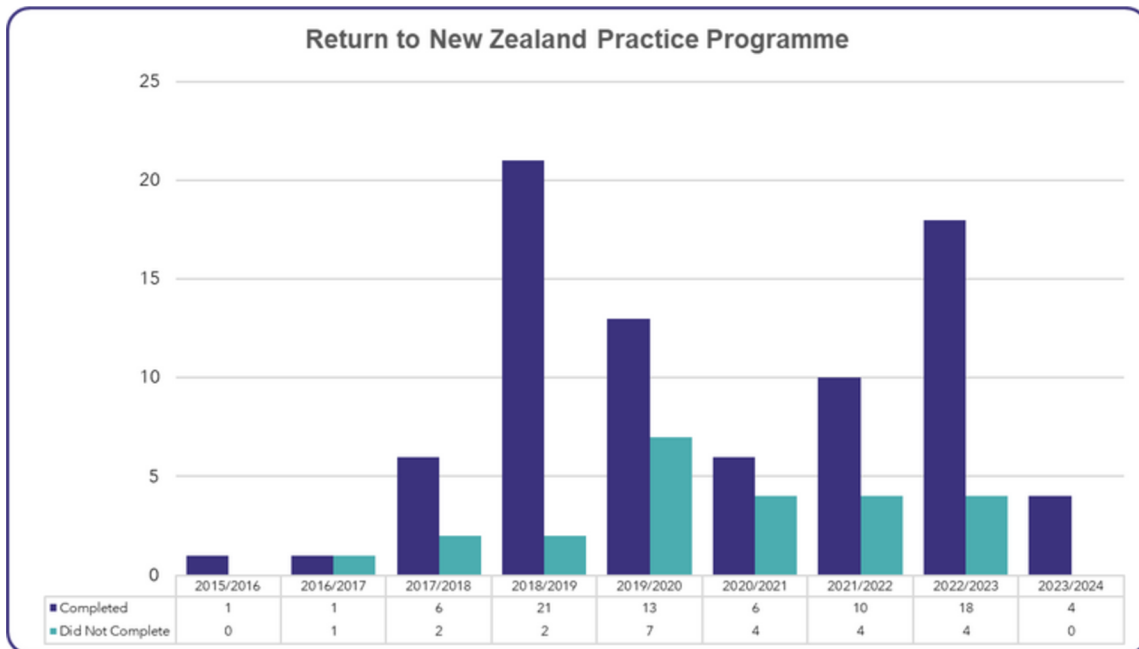
CATEGORY A - Midwives who have taken a break from New Zealand practice for less than three years.

CATEGORY B - Midwives who have taken a break from New Zealand practice for between three and five years.

CATEGORY C - Midwives who have been out of New Zealand practice for more than five full years.

Table 7 shows that 4 midwives completed the Return to New Zealand Programme in 2023-2024 and 0 did not complete.

Table 7: Number of formal Return to New Zealand Practice programmes completed since records began in 2015-16



04. Performance, Recertification and Continuing Competence

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

Performance

The Health Practitioners Competence Assurance Act (HPCAA) 2003 requires the Midwifery Council (the Council) to satisfy itself that any midwife applying for a practising certificate is competent to practise within the Midwifery Scope of Practice. Under s41 of the HPCAA, all registered midwives must participate in the Council's Recertification Programme in order to maintain the competence requirements necessary for a practising certificate to be issued.

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. In setting the standards of competence, and establishing a process by which to be reassured about the on-going competence of midwives, the Council requires all practising midwives to participate in its Recertification Programme at the midwife's cost.

Recertification/Continuing Competence

The Council monitors all practising midwives' engagement in its Recertification/Continuing Competence through annual declarations when applying for their annual practising certificate. Midwives must enter their own compliance data.

The Council's Recertification Policy states that a percentage of portfolios are audited annually and plans to enhance this quality assurance activity are in progress. 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 Recertification Programme. Midwives who are unable to satisfy the Council of substantial engagement with the compulsory components of its Recertification Programme are required to undertake specific activities within defined time frames, with only one midwife being issued with an interim practising certificate until requirements were met.

Recertification Programme

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

Components of the Recertification Programme include:

Midwifery Emergency Skills Refresher (MESR)

MESR is an annual update of resuscitation and maternity emergency skills. Content includes resuscitation of the pregnant woman and of the neonate at the time of birth. These are both specialised areas of resuscitation in which midwives must be skilled. Content also includes maternal emergencies that midwives need to be competent and skilled in managing.

Midwifery Standards Review (MSR)

Midwifery Standards Review is a unique quality assurance process developed by the College of Midwives to reflect the partnership model of midwifery practice. MSR is a professional development process that supports midwives to reflect on their individual midwifery practice in a formal manner, with the assistance of specially educated reviewers. Midwives work with the reviewers to reflect on their midwifery practice and identify a professional development plan.

Compliance of full engagement with the Midwifery Standard Review (MSR) helps midwives reflect on their practice with midwifery and consumer reviewers and formulate an on-going professional development plan. The MSR is focused on quality of practice and is not a performance appraisal.

All midwives must undertake an MSR every three years, except for new graduate midwives who are required to undertake MSR at the end of their first and third years of practice before moving to three-yearly. Midwives on the Return to Practice and Overseas Competence Programmes are required to complete MSR at two years after practicing certificate granted.

Continuing Education

Midwives can choose the education they complete to meet part of their continuing midwifery education requirement but must complete a minimum of 8 hours each practising year. This education is required to have direct relevance to the midwife's professional role which enhances and leads to development of their practice.

Professional Activities

Midwives are required to obtain a minimum of 8 professional activity hours each practising year. Midwives are required to reflect on their learning from the professional activity and demonstrate how this has changed their practice. Professional activities include many activities from attendance at professional association meetings to mentoring as well as appointments as competence reviewers or supervisors.

Cultural Competence

The Council's Statement on Cultural Competence explains how culturally competent midwives must draw on the three frameworks of Midwifery Partnership, Cultural Safety and Tūrangā Kaupapa in order to build and maintain relationships with wahine | women.

Cultural competence course has been required as part of the Competence Programme for internationally qualified midwives since 2012, and the purpose of this is to provide them with the knowledge and skills required to achieve the Standards of Competence that relate to cultural competence in the Aotearoa | New Zealand context.

Completion of both this course and a Te Tiriti o Waitangi workshop is compulsory for all internationally qualified midwives at the midwife's own cost.

The Council has made completion of the Cultural Competence course mandatory before all internationally qualified midwives, including those registering under the TTMRA, are issued a practising certificate.

The Council recognises that cultural safety and cultural competence are a key focus for professional development.



05. Conduct 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 complaint is an allegation about the practise or conduct of midwife. A complaint will generally relate to a specific allegation or allegations that the midwife’s practice or conduct has affected a health consumer.

A complaint may also be about the conduct of a midwife that has not affected a health consumer for example, conduct outside of professional practice that has led to a conviction.

A notification is an allegation that the midwife:

(a) may pose a risk of harm to the public by practising below the required standard of competence. A notification as to competence is made by another health practitioner, the Health and Disability Commissioner (HDC) or an employer of the midwife; or

(b) is unable to perform required functions due to a mental or physical condition.

A complaint and a notification may raise issues of conduct, competence, or fitness to practise; or all three.

Complaints

In total, the Council received **28** complaints about midwives conduct, with the majority being received from consumers. Other sources included employers and other health professionals.

Table 8 provides a breakdown of sources of complaints and conduct matters brought to the Council’s attention during this time. Compared to previous years, there is an increase in the total number of complaints that the Council has considered, particularly relating to social media and the COVID-19 mandates.

Table 8: Complaints re conduct from various sources and outcomes during 2023 - 2024 year

Source	Outcomes				Total Number
	No further disciplinary action	Referred to PCC	Referred to HDC	Other Decision	
Consumers	7	3	2	5	17
HDC	-	-	-	1	1
Health practitioner	-	-	-	1	1
Other	3	2	-	4	9
TOTAL	10	5	2	11	28

Professional Conduct Committees

A Professional Conduct Committee (PCC) is an investigatory body appointed by the Council. Its purpose is to investigate matters and concerns referred to it by the Council about a registered midwife. Although a PCC is appointed by the Council, it is separate from the Council, and regulates its own procedures.

The Council has a pool of experienced midwives from which to draw as required for Professional Conduct Committees. Each Professional Conduct Committee has two midwives and a lay member. One member must act as Chair.

Members of Professional Conduct Committees during the 2023-2024 year were:

- Sandy Gill (Chair)
- Sharon Gemmell (Chair)
- Teresa Krishnan
- Nicholette Emerson
- Helenmary Walker
- Liz James
- Andrea Vincent
- Christine Griffiths
- Rachel Cassie
- Victoria Taylor

Table 9: Summary of Professional Conduct Committee Cases

Nature of issue	Source	Received	Ongoing	Concluded
Fraudulent claiming	-	-	2	1
Conduct	-	-	5	1
Prescribing issue	Other Health Practitioner	-	2	1
Practising without an APC	Notification	-	2	2

Table 9.a : Professional Conduct Committee Cases Closed

Outcomes				Total Closed with PCC
Lay charge with HPDT	Counselling	Did not proceed	Ongoing	
4	1	1	0	6

This table outlines the outcomes of PCC cases closed during 1 April 2023 - 31 March 2024.



Health Practitioners Disciplinary Tribunal

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.

All costs incurred by HPDT in relation to a case are borne by the profession through the disciplinary levy and only a portion of this is claimed back under the penalty order set by the HPDT.

During the 2023 - 2024 financial year four cases where charges were laid with, and five cases heard by, the HPDT. The cells highlighted in purple fall outside of the reporting year. Data has been obtained from the office of the HPDT.

Disciplinary cases with HPDT		
Case No.	Date Charge Laid	Date Case Heard
Mid22/545P	14 March 2022	28 August 2023
Mid22/567P	06 October 2022	14 April 2023
Mid23/548P	29 March 2023	19 March 2024
Mid23/585P	24 April 2023	13 February 2024
Mid23/589P	02 August 2023	09 July 2024
Mid23/591P	15 August 2023	12 March 2024
Mid23/600P	30 October 2023	21 November 2024

Code of Conduct

The Council has the statutory responsibility to set standards of ethical conduct. The Council adopted a Code of Conduct in 2011. When matters are raised about a midwife the Code of Conduct is used. This document makes explicit the minimum expectations of every midwife's conduct as they engage in their professional activities.

06. Appeals and Judicial Reviews

There were no appeals or judicial reviews of decisions made by the Council in 2023 - 2024 financial year.

07. Competence Referrals and Outcomes

There were **78** competence referrals during 2023-2024. Of these there were **fifteen** stage one competence reviews and **seven** stage two reviews. Not all competence referrals progress to competence reviews – a competence review is just one of a range of decisions that the Council can make when a notification is received about a midwife’s competence.

A stage one review is usually held between the midwife and a single midwife reviewer. That type of review involves discussion and analysis of clinical decision making relating to a specific context.

A stage two review is a broader review and an analysis of the midwife’s decision making generally. Review tools commonly used in a stage two review 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, cultural competence, and clinical skills are assessed against the standards of competence expected of a midwife (the Competencies for Entry to the Register of Midwives).

In a stage two competence review the Council appoints two midwife reviewers, one who is an educator with enhanced knowledge and skills in assessment 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 and also carry out supervision where required. The Council extends its sincere gratitude to all midwife reviewers and supervisors who contribute their time, expertise, and professional commitment to these processes. The Council recognises that this work requires significant skill, sensitivity, and professionalism, and deeply appreciates the ongoing contribution of these experienced practitioners to the regulatory framework.

Competence Reviewers and Supervisors during the 2023-2024 year were:

- Adrienne Priday
- Andrea Vincent
- Annabel Johns
- Annetta Davis
- Annie Kinloch
- AnnMarie Taiapa
- Dr Janine Clemons
- Dr Marion Hunter
- Dr Pauline Dawson
- Dr Susan Crabtree
- Jacqui Paine
- Jade Wratten
- Judy Thompson
- Linda Elvines
- Matty Van Oosterom
- Rachel Taylor
- Rae Hickey
- Teresa Krishnan
- Victoria Taylor
- Xiaoli Liu

Table 10 - Competence Referral Received by Source

Source	Number	HPCAA Section
	New	
Health Practitioner	4	s34 (1)
Director of Proceedings	6	s34 (2)
Health and Disability Commissioner	22	s65 and s66
Member of Public	42	s64
Other (includes ACC and Coroner)	4	NA
Total	78	

Table 10 provides the breakdown of Competence referrals received. The Council received 78 notifications regarding midwives' competence to practise between 1 April 2023 - 31 March 2024.

Table 11: Outcomes of competence referrals from 01 April 2023 - 31 March 2024

Outcomes	Number				HPCAA Section
	Existing*	New	Closed	Still active	
(Total number) initial inquiries	38	76	71	43	N/A
Notification of risk of harm to public	1	-	1	-	s35
Orders concerning competence	8	5	10	7	s38
Competence programme	32	19	18	15	s40
No further action	4	21	52	29	N/A
Competence Reviews	-	25	13	1	s37
Refer to Health	-	-	1	-	N/A
Refer from Conduct	3	1	3	-	N/A

*As at 01 April 2024 Table 11 provides the outcomes of competence referrals. This includes those notifications referred to in the previous table as well as competence referrals that were in progress from previous years.

Health and Fitness to Practise

The Council has a responsibility to:

- protect the public by ensuring midwives are fit to practise

As at 1 April 2023, **73** midwives were under health monitoring following referrals in previous years. The Council received **40** new notifications during the last practicing year about a midwife's health which had affected their practice, with **87%** of the notifications being disclosures from the midwife themselves. The figures presented below show the source of notification/ disclosure and are for cases which were closed, or health orders discharged in this time period.

As at 31 March 2024, **83** midwives were under health monitoring voluntarily and **4** midwives were practising with condition under s50 of the HPCAA on their scope of practise.

No new s50 orders were imposed during this period. Some midwives remained under health monitoring but were not practising at this date.

Table 13 provides the status of current health notifications. Through the adoption of the principles of right touch regulation, responses to notifications appear to be proportionate. For example, the number of conditions or restrictions placed on midwives is low in proportion to the total number of notifications/disclosures.

Table 12: Notifications of inability to perform required functions due to mental or physical (health) condition 01/04/2023 - 31/03/2024

Source	Number				HPCAA Section
	Existing*	Received	Closed	Ongoing	
Health Practitioner	60	24	16	68	s45 (1) b
Employer	9	-	-	9	s45 (1) c
Any Person	3	4	3	3	s45 (3)
Pre-Registration	-	11	4	7	s45 (5)
Other	1	1	2	1	-
Total	73	40	25	88	

Table 13: Outcomes of health notifications open cases as at 31/3/23

Outcomes	Number		HPCAA Section
	Practising	Non Practising	
Voluntary Health monitoring	61 (36*)	12	-
Restrictions or conditions	4		s50

*New from 1/4/22 - 31/03/23



08. Linking with Stakeholders

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

Communication to Midwives

Communications are able to be sent directly to all midwives on the Register via our IT database platform. An e-newsletter, Midpoint, is published approximately bi-monthly with news and updates for the profession. Council Statements and Consultations are also disseminated to the profession using the database.

New Zealand College of Midwives

The College is a membership organisation that supports midwifery practice. The Council has regular meetings with the College, which includes both in person and face-to-face meetings. The Chief Executives also meet informally on a monthly basis.

Ministry of Health

The Council meets with the Maternity Advisors and Maternity Team from the Ministry of Health on a regular basis and as matters arise. The Council also works with the Regulatory Services Team on matters such as the introduction of midwifery abortion services.

Te Whatu Ora

The Council maintains a good working relationship with the Te Whatu Ora and convenes a bi-monthly meeting for midwifery leaders. More recently the Council Chief Executive has joined the Midwifery Workforce Steering Group.

Schools of Midwifery

The Council has regular meetings the Heads of Schools to discuss matters relating to the delivery Midwifery pre-registration education programmes. All five Schools are due for monitoring and re-accreditation over the next two years. Presentations are made to students at all levels of the programme about the work of the Council and what it means to be a regulated health professional.

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 joint project on an outcomes-based assessment framework for Internationally Qualified Midwives continues with the final deliverables nearing completion and acceptance by NMBA.

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.

Responsible Authority Collaborations

The Council continues to actively collaborate with other Responsible Authorities meeting to discuss matters of common interest. The Council also continues its arrangement with the Nursing Council for the provision of back-office services with assists with the efficient running of Midwifery Council.

09. Finance

General Comments

During the financial year, the Midwifery Council has demonstrated a meticulous approach in managing its expenditure, ensuring resources are utilised wisely to avoid unnecessary costs. By closely monitoring budget allocations and evaluating spending against established priorities, the Council has ensured that funds are utilised efficiently and responsibly.

The Council recognises its obligation to balance the need for effective regulation with fiscal responsibility, ensuring that midwives' registration and annual practising certificate fees provide value while maintaining the highest standards of professional oversight.

Throughout the year, the Council has implemented robust financial controls and regular monitoring processes to track expenditure against budget forecasts. This includes quarterly budget reviews, detailed analysis of variances, and proactive identification of potential cost savings without compromising regulatory effectiveness.

This cautious financial management strategy not only supports the Council's mission to fulfill its regulatory obligations but also reinforces its commitment to transparency and accountability to its stakeholders.

Disciplinary Expenses

Disciplinary expenditure has increased again in the 2023 financial year, increasing by more than double from the previous year and totalling \$488,022.

These disciplinary expenses include all costs associated with Professional Conduct Committee (PCC) cases and Health Practitioners Disciplinary Tribunal (HPDT) hearings and are funded using the disciplinary levy component of Annual Practising Certificate (APC) fees. The expenses encompass a comprehensive range of costs including legal representation, expert witness fees, hearing venue costs, administrative support, investigation expenses, and case management resources.

The increase in disciplinary costs can be attributed to several factors. Firstly, there has been a notable rise in the number of notifications received by the Council, requiring thorough investigation and assessment. Secondly, the cases that have proceeded to formal disciplinary processes have displayed increased complexity, often involving multiple allegations, extensive expert evidence, and lengthy hearing processes.

It is important to highlight that as more cases come before the Council, PCC and HPDT, these costs will continue to increase. While these costs represent a significant financial commitment, they are essential to the Council's statutory obligations to protect the public and maintain professional standards.

The Council continues to monitor disciplinary costs closely and seeks to manage these expenses efficiently while ensuring that all cases receive appropriate attention and resources.

MIDWIFERY COUNCIL
PERFORMANCE REPORT
FOR THE YEAR ENDED 31 MARCH 2024

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MIDWIFERY COUNCIL

ENTITY INFORMATION

FOR THE YEAR ENDED 31 MARCH 2024

Legal Name of Entity: MIDWIFERY COUNCIL

Type of entity and Legal Basis : The Midwifery Council (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 council is a registered charity, Charity number CC10774.

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.Accredit 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:

Phone: Level 5, 22 Willeston Street, Wellington 6011

Email: 04 - 4995040

Website: info@midwiferycouncil.health.nz

www.midwiferycouncil.health.nz

**MIDWIFERY COUNCIL
STATEMENT OF FINANCIAL PERFORMANCE
FOR THE YEAR ENDED 31 MARCH 2024**

	Notes	2024 \$	2023 \$
REVENUE			
APC fees		2,059,330	1,985,852
Disciplinary levy		152,783	147,261
Disciplinary penalties		50,010	6,192
Examination fees		28,522	25,043
Interest income		97,528	41,433
Other income		31,962	56,853
Registration fees		107,030	108,517
Total Revenue		2,527,164	2,371,152
LESS EXPENDITURE			
Board & committees	1	219,805	286,943
Secretariat	2	1,851,910	1,767,594
Disciplinary expenses	3	488,022	259,240
Total Expenditure		2,559,736	2,313,777
Net Surplus/(Deficit)		(32,572)	57,375

**MIDWIFERY COUNCIL
STATEMENT OF MOVEMENT IN EQUITY
FOR THE YEAR ENDED 31 MARCH 2024**

		2024 \$	2023 \$
Accumulated funds at the beginning of period		623,451	566,076
Net surplus/(deficit) for the period		(32,572)	57,375
Accumulated funds at the end of period	8	590,879	623,451

The attached notes form part of these financial statements.

MIDWIFERY COUNCIL
STATEMENT OF FINANCIAL POSITION
AS AT 31 MARCH 2024

	Notes	2024 \$	2023 \$
CURRENT ASSETS			
Cash and cash equivalents		3,148,050	2,195,959
Investments		0	772,003
Accounts receivable	6	47,021	28,067
Prepayments		55,561	64,437
TOTAL CURRENT ASSETS		<u>3,250,631</u>	<u>3,060,465</u>
NON-CURRENT ASSETS			
Fixed assets	4	34,522	46,600
Intangible assets	4	0	0
Artwork		5,500	5,500
Total Current Assets		<u>40,022</u>	<u>52,100</u>
TOTAL ASSETS		3,290,653	3,112,565
CURRENT LIABILITIES			
Accounts payable		113,248	145,306
Accrued expenses		31,238	48,256
GST due for payment		292,214	258,361
Employee costs payable	7	96,352	78,248
Income received in advance	5	2,147,470	1,948,530
Withholding Tax payable		19,252	10,413
Total Current Liabilities		<u>2,699,773</u>	<u>2,489,114</u>
TOTAL LIABILITIES		2,699,773	2,489,114
NET ASSETS		<u>590,879</u>	<u>623,451</u>

Represented By:

EQUITY

8 **590,879** **623,451**

For and on behalf of the council.



Siobhan Connor

Co-chair: Tangata Tiriti

Date: 02 April 2025



Kiley Clarke

Co-chair: Tangata Whenua

Date: 02 April 2025

The attached notes form part of these financial statements.

MIDWIFERY COUNCIL
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 31 MARCH 2024

Cash Flows from Operating Activities	2024 \$	2023 \$
<i>Cash was received from:</i>		
Statutory Fees and Levies	1,936,558	1,935,424
Registration Income	100,204	101,778
Other Fees	70,892	88,636
Interest Revenue	73,734	22,109
<i>Cash was applied to:</i>		
Payments to Suppliers & Employees	(2,022,223)	(2,052,810)
Net Cash Flows from Operating Activities	159,166	95,137
Cash Flows from Investing and Financing Activities		
<i>Cash was received from:</i>		
Sales of fixed assets	500	11,890
Short-term Investments	796,561	1,201,622
<i>Cash was applied to:</i>		
Purchase of Fixed Assets	(4,136)	(43,746)
Short-term Investments	0	(200,000)
Net Cash Flows from Investing and Financing Activities	792,925	969,767
Net Increase / (Decrease) in Cash	952,091	1,064,904
Opening Cash Brought Forward	2,195,959	1,131,055
Closing Cash Carried Forward	3,148,050	2,195,959
Represented by:		
Cash and Cash Equivalents	3,148,050	2,195,959

MIDWIFERY COUNCIL

STATEMENT OF ACCOUNTING POLICIES

FOR THE YEAR ENDED 31 MARCH 2024

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 \$5,000,000. 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

APC fees and disciplinary levies are recognised as revenue in the year to which they relate. Other revenue from service delivery (registration fees, examination fees, and other income) is recognised at the time the service is delivered to the customer. Disciplinary recoveries are provided for as a doubtful debt in full on recognition. Income relating to disciplinary recoveries is recognised only on receipt. Interest income is recognised as it is earned using the effective interest method.

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

MIDWIFERY COUNCIL
STATEMENT OF ACCOUNTING POLICIES
FOR THE YEAR ENDED 31 MARCH 2024
STATEMENT OF ACCOUNTING POLICIES (continued)

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 6 years on a straight line basis.

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.

CASH AND CASH EQUIVALENTS Cash and cash equivalents includes, deposits at cheque account and saving account with banks.

EMPLOYEE ENTITLEMENTS

Provision is made in respect of the council'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

There had been no change in accounting policies in the period. All policies have been applied on a consistent basis with those used in previous years.

MIDWIFERY COUNCIL
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2024

1. BOARD & COMMITTEES	2024 \$	2023 \$
Conferences	16,010	14,225
Meeting Fees	90,924	123,455
Meeting expenses, training ,travel & others	93,664	60,649
Projects	19,207	88,614
	219,805	286,943

2. SECRETARIAT	2024 \$	2023 \$
Audit fees	9,000	9,397
Bank fees	36,805	33,826
Depreciation & amortisation	15,715	14,335
Exam expenses	8,890	23,580
Information Technology	90,068	110,960
Legal costs	19,801	27,035
Occupancy costs	194,979	149,639
HPDT administration cost	14,631	13,182
Other costs	116,613	160,591
Personnel costs	1,186,481	1,097,776
Professional fees	152,874	121,076
Telephone, Postage & Printing and Stationery	6,052	6,199
	1,851,910	1,767,594

3. DISCIPLINARY EXPENSES	2024 \$	2023 \$
Professional Conduct Committee expenses	249,937	242,818
Health Practitioners Disciplinary Tribunal expenses	238,085	16,422
	488,022	259,240

MIDWIFERY COUNCIL
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2024

4. PROPERTY, PLANT & EQUIPMENT AND INTANGIBLE ASSETS

At 31 March 2024	Opening Carrying Value	Current Year Additions	Current Year Disposals/ Sales/	Net Depreciation, Amortisation &	Closing Carrying Value
Furniture & fittings	19,283		(955)	(5,098)	13,230
Computer equipment	21,063	4,136	0	(8,845)	16,354
Office refit	6,254		0	(1,317)	4,937
Total Property, Plant & Equipment	46,600	4,136	(955)	(15,259)	34,522
Database & Website software	0	0	0	0	0
Total Intangible Assets	0	0	0	0	0

At 31 March 2023	Opening Carrying Value	Current Year Additions	Current Year Disposals/ Sales/ Adjustment	Net Depreciation, Amortisation & Impairment	Closing Carrying Value
Furniture & fittings	12,072	25,564	(13,927)	(4,426)	19,283
Computer equipment	16,059	11,599	0	(6,595)	21,063
Office refit	0	6,583	0	(329)	6,254
Total Property, Plant & Equipment	28,131	43,746	(13,927)	(11,350)	46,600
Database & Website software	948	0	0	(948)	0
Total Intangible Assets	948	0	0	(948)	0

MIDWIFERY COUNCIL
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2024

6. INCOME IN ADVANCE	2024 \$	2023 \$
<i>Fees received relating to next year</i>		
APC fees received in advance	1,984,635	1,817,052
Discipline levy received in advance	162,835	131,478
	2,147,470	1,948,530

6. ACCOUNTS RECEIVABLE	2024 \$	2023 \$
Accounts receivable	280,513	69,716
Expected credit loss allowance	(233,493)	(42,414)
Accrued income	0	765
	47,021	28,067

7. EMPLOYEE COSTS PAYABLE	2024 \$	2023 \$
PAYE owing	18,964	17,125
Holiday pay accrual	50,550	37,787
Kiwisaver contributions owing	4,934	4,533
Salary accrual	21,217	17,386
Student loan owing	687	1,417
	96,352	78,248

8. EQUITY	2024 \$	2023 \$
General Reserve		
(Accumulated surpluses with unrestricted use) Balance at 01 April	296,958	133,796
General Reserve Surplus/(Deficit) for year	252,657	163,162
General Reserve (Balance at 31 March)	549,615	296,958
Discipline Reserve		
Balance at 01 April	326,493	432,280
Disciplinary levies & order	202,793	153,453
Discipline Costs	(488,022)	(259,240)
Discipline Reserve (Balance at 31 March)	41,264	326,493
Total Reserves	590,879	623,451

General reserve is used for operating expenses;

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

MIDWIFERY COUNCIL

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2024

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 a period of five years. The future estimated commitments based on the expected costs including in this agreement as at 31 March 2024 are: property \$46,014; corporate services \$62,448; total \$108,462.

	2024 \$	2023 \$
Due in 1 year	62,448	62,102
Due between 1-2 years	62,448	62,102
Due between 2-5 years	114,487	51,751
	239,383	175,954

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

	2024 \$	2023 \$
Due in 1 year	46,014	41,796
Due between 1-2 years	46,014	41,796
Due between 2-5 years	84,359	34,830
	176,388	118,422

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

10. RELATED PARTY TRANSACTIONS

Total remuneration paid to the council members during the year is as follows. The remuneration paid includes fees paid

	2024 \$	2023 \$
Kerry Adams (Co-chair - Tangata Tiriti)	20,900	21,623
Kiley Clark (Co-chair - Tangata Whenua)	5,430	0
Judith Cottrell (Board member)	11,016	9,142
Melanie Tarrant (Board member)	10,781	12,656
Mahia Winder (Board member)	5,438	9,844
Christina Mallon (Board member)	8,438	11,906
Bea Leatham (Board member)	6,000	5,813
Ngarangi Pritchard (Board member)	14,250	24,674
Sue Kedgley (Lay person)	8,672	0
	90,924	95,658

MIDWIFERY COUNCIL

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2024

11. CONTINGENT LIABILITIES

There are no contingent liabilities at balance date. (2023: \$Nil)

12. CAPITAL COMMITMENTS

There are no capital commitments at balance date. (2023: \$Nil)

13. 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, 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 01 April 2023 and expiring on 03 February 2028. To facilitate the management of shared resources, including a joint lease agreement for office rental purposes and corporate supports, the ten Regulatory Authorities entered into an agreement for the provision of corporate services.

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.

INDEPENDENT AUDITOR'S REPORT

TO THE READERS OF THE MIDWIFERY COUNCIL'S PERFORMANCE REPORT FOR THE YEAR ENDED 31 MARCH 2024

The Auditor-General is the auditor of the Midwifery Council (the Council). 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 Council, on his behalf.

Opinion We have audited the performance report of the Council that comprises the statement of financial position as at 31 March 2024, the statement of financial performance, statement of movement in equity and statement of cash flows for the year ended on that date and the notes to the performance report that include the statement of accounting policies and other explanatory information. In our opinion, the performance report of the Council:

- present fairly, in all material respects:
 - _ its entity information and financial position as at 31 March 2024; and
 - _ its financial performance and cash flows for the year then ended; and
- complies with generally accepted accounting practice in New Zealand in accordance with Public Benefit Entity Simple Format Reporting – Accrual (Public Sector).

Our audit was completed on 2 April 2025. This is the date at which our opinion is expressed.

The basis for 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 for our opinion

We carried out our audit in accordance with the Auditor-General's Auditing Standards, which incorporate the Professional and Ethical Standards and the 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 members are responsible for preparing performance reports that are fairly presented and that comply with generally accepted accounting practice in New Zealand.

The Council members are responsible for such internal control as they determine is necessary to enable the preparation of performance reports that are free from material misstatement, whether due to fraud or error.

In preparing the performance report, the Council members are responsible for assessing the Council's ability to continue as a going concern. The Council members are also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting, unless the Council members intend to wind-up the Council or to cease operations, or have no realistic alternative but to do so.

The Council's responsibilities arise from the Health Practitioners Competence Assurance Act 2003 and the Charities Act 2005.

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, are 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 these performance reports.

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 Council.
- 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 Council'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, 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 Council 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 responsibilities arise from the Public Audit Act 2001.

Independence

We are independent of the Council in accordance with the independence requirements of the Auditor-General's Auditing Standards, which incorporate the independence requirements of Professional and Ethical Standard 1: ***International 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 Council.



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

10. Contact Details

All correspondence to the Council should be addressed to:

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Annual Report of Te Tatau o te Whare Kahu | Midwifery Council for the year ended 31 March 2024