Annual Report of the Midwifery Council of New Zealand
to the Minister of Health
For the year to 31 March 2009
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Report to the Minister of Health
Pursuant to s 134 of the Health Practitioners Competence Assurance Act 2003
‘Te tatau o te whare kahu’ (he whakamarama) is a metaphorical reference to the Midwifery Council’s role as a regulatory body and the context in which Council carries out its work.

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

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

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

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

Council values:

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

Council functions:

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

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

As at 31 March 2009 the members of the Midwifery Council are:

**Dr Sally Pairman, MNZM, D.Mid, MA, BA, RM, RGON, Chair**
Sally Pairman is a midwifery educator and currently works at Otago Polytechnic in two main roles; as the Head of School of Midwifery and as the Health and Community Group Manager (with responsibility for the Schools of Foundation Learning, Midwifery, Nursing, Occupational Therapy and Social Services). Sally has long been involved in the development of the midwifery profession in New Zealand having served terms as President of the New Zealand College of Midwives, Education Consultant to the College and as Deputy Chair of the Nursing Council of New Zealand, in which role she was also Convenor of the Education Committee. In her academic role Sally has published widely including Midwifery Partnership: a model for practice’ (co-written with Karen Guilliland) and ‘Midwifery: preparation for practice’ (co-editor and author). Sally has been elected Chair of Council each year since its inception. She was re-appointed in 2006 for a further three year term ending in December 2009. Sally was awarded membership of the NZ Order of Merit for services to midwifery in the 2008 Queens Birthday Honours. Sally lives in Dunedin with her husband and two sons.

**Sharron Cole, QSO, MA, Dip Ed, DipCEd, Deputy Chair**
Sharron Cole is a consumer member of the Council, having been active in maternity issues since the early 80s. At 31 March 2009 she is the Director of the Wellington Catholic Education Centre and the Deputy Chief Families Commissioner, Deputy Chair of the Hutt Valley District Health Board, Chair of Parents Centres New Zealand and a member of a number of statutory committees in health-related areas. She lives in Petone and is married with four adult children. She was re-appointed to the Midwifery Council for a second three year term, ending in December 2009.

**Sue Bree RGON, NZRM**
Sue Bree has been a member of Council since it was established in 1993 and was previously a member of the Nursing Council of New Zealand. She has worked as a self employed midwife in the Bay of Islands since 1990 and as such, her rural work environment incorporates home as well as primary and secondary facilities. She is immediate past President of the New Zealand College of Midwives. Sue lives in Opua with her partner and teenage daughter.

**Dr Rea Daellenbach, PhD, BA(Hons)**
Rea Daellenbach is a consumer member of the Midwifery Council. She became involved in the Christchurch Home Birth Association in the mid-1980s when her first children were born. From 1992-1997, she was a consumer representative on the National Committee of NZCOM. At the same time, she completed a PhD in sociology about the home birth movement in New Zealand. Currently she is a lecturer in the Bachelor of Midwifery programme at the Christchurch Polytechnic Institute of Technology. Rea lives with her partner and eight year old son in central Christchurch.
Mina Timutimu RN, RM, RNZPL, J.P.
Mina Timutimu is a midwife who works with her iwi establishing and coordinating health services for whanau and hapu. She has had a long career in health as a midwife, a nurse and as a Plunket Nurse. She is currently a member of the New Zealand College of Midwives’ National Committee where she holds the position of Kuia and a member of the Newborn Metabolic Screening Programme Advisory Group. Mina was re-appointed to the Midwifery Council for a further three year term ending in February 2009.

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

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

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

Tēnā Koutou Katoa. Kia Kōtahi Kī. He whakataukī e tohu ana kia ū tātou i roto i te whakaaro kotahi.

This report highlights the Council’s activities since 1 April 2008 to 31 March 2009 and it marks the fourth full year of Midwifery Council responsibility for midwifery regulation in New Zealand. The pace of work has not let up and as is evident in this report Council members and staff have experienced another busy year. We have been fortunate to add a midwife to our staff with the appointment of Sue Calvert as Midwifery advisor. Sue brings a wealth of diverse midwifery experience to the Secretariat and we welcome her to the staff.

New education standards

As reported last year Council released new standards for pre-registration midwifery education in August 2007. The first programme to be redeveloped in line with the new standards was submitted by Otago Polytechnic and Christchurch Polytechnic Institute of Technology (CPIT) for approval and accreditation in March 2008. Otago Polytechnic and CPIT have developed a single jointly owned programme that uses a blended delivery model to increase access to students across the South Island. This submission gave Council the opportunity to operationalise its Memorandum of Understanding with Institutes of Polytechnic Quality (ITPQ) and a joint approval and accreditation process was undertaken by Council and ITPQ in July. The polytechnics had secured funding for the extended academic years of the programme by November and it was pleasing to see this new programme commence delivery in February 2009. We expect to receive applications for approval of revised programmes from the other tertiary midwifery education providers in 2009.

Midwifery workforce

Last year we reported that Council was consulting on the introduction of a Midwife Assistant scope of practice as a response to existing midwifery workforce shortages. As a result of this consultation Council has resolved not to introduce a new practitioner to the maternity workforce at this time. The midwifery profession strongly opposed such a move as having more risks than benefits. Instead Council has focused its attention on encouraging and supporting DHBs to utilise their midwifery workforces more effectively and on increasing the numbers of New Zealand educated midwives.

International Networks

This year we have had two main opportunities to share our perspectives on midwifery regulation with colleagues internationally. Susan Yorke, Sharron Cole and I attended the International Confederation of Midwives Triennial Congress in Glasgow in June. I was appointed by the ICM Board to co-chair its newly established Regulation Standing Committee and all three of us attend the inaugural meeting of this committee.
In October Susan Yorke and I attended the meeting of nursing and midwifery regulatory authorities in the Western Pacific and South East Asian regions (WP/SEAR) held in Singapore. This is the second time we have attended this meeting (the first being in Wellington in 2006) and it was pleasing to see the increased understanding amongst regulators of midwifery and nursing as separate professions with different needs. In both forums there was significant interest in New Zealand’s regulatory model, especially the HPCAA. It appears that New Zealand is one of only a very few countries to have a separate regulatory authority for midwifery and there is much interest in our processes. Since our return we have been contacted by midwives in Cambodia and Thailand seeking further information and assistance.

The Council and Secretariat

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

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

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

Chairperson
As a requirement of any successful business one of my objectives is to continuously review and make quality improvements to our internal processes in order to provide an efficient and cost effective secretariat, in relation to carrying out routine work, undertaking particular projects and implementing Council's strategic plan. We have a relatively small staff and it is important for work flow and business continuity that each staff member has an understanding of Council’s role and an overview of what we do. The appointment of a Midwifery Advisor allowed us to re-organise work load and responsibilities within the secretariat to some degree and I appreciate the flexibility shown by all staff in accommodating this. During this year staff have worked collectively to put in place processes which are not only efficient but also as user friendly as possible for midwives.

The preparation for Council meetings and subsequent implementation of decisions creates part of the underlying flow of work in the secretariat however this is interspersed with other work including the enhancement of specific policies and processes. A particular focus during the year has been on various aspects of midwifery education.

We developed and implemented a process for the approval and accreditation of pre-registration midwifery programmes with the assistance of Institutes of Technology and Polytechnics Quality (ITPQ). We also undertook a review of both providers and short courses which had been approved since 2005 for the purposes of the Recertification Programme. The large number of approved courses also led us to re-organise the way we publicise these on our website to make it easier for midwives to locate courses by topic and location. Acting on feedback received from the consultation on the Recertification Programme last year, staff also reviewed and improved the process of recertification auditing; this is now not only more efficient from our point of view but it also provides more useful feedback for midwives.

Following the results of research conducted by CPIT and Council in relation to the experiences of overseas qualified midwives in New Zealand we reviewed our processes for registration of overseas qualified midwives. Not all issues of concern to these midwives are within Council’s control however we were able to address some of them and improvements were made to the nature and accessibility of information on our website for overseas midwives wishing to register in New Zealand. At year’s end we have other enhancements in progress designed to make the application procedure as smooth as possible while maintaining Council’s standards and criteria for registration.

Council has two specified statutory roles relating to stakeholders. One is to liaise with other authorities under the Health Practitioners Competence Assurance Act about matters of common interest and the other is to promote public awareness of the responsibilities of the authority. We continued to take an active role in relation to the work of Health Regulatory Authorities of New Zealand (HRANZ) and I am currently chair of the Operational Group (comprising the CEOs and/or Registrars of all the health regulatory authorities). HRANZ provides a forum to share information and to work on matters of common interest in carrying out our roles under the Act and the collaboration that HRANZ facilitates benefits all of us. I am also a member of the Health Practitioner Index Sector Advisory Group established late last year by New Zealand Health Information Service as a stakeholder group. The purpose of the group is essentially to provide advice, insight and direction on the achievement of the Health Practitioner Index strategic and business objectives during the sector integration and rollout phase of the HPI project.

During the year there were a number of high media profile events relating to the maternity system and midwifery practice. To help address these appropriately we engaged professional advice both to develop a media policy and provide practical assistance in responding to media enquiries. We also developed an information package for our media consultant so that she can make an initial response to generic enquiries about the Council’s role and activities.

I continue to appreciate the benefits of the good relationship between Council members individually and between Council and the secretariat staff; I also thank my staff for their ongoing commitment and goodwill. The Council’s work is enhanced because of it.

Susan Yorke
Chief Executive and Registrar
Facts at a glance

At 31 March 2009 2823 midwives held practising certificates for the 2008/09 year.

179 midwives were registered during the year:
• 107 New Zealand graduates
• 11 from Australia
• 61 from other countries

19.5% of all practising midwives are between 45 and 49 years old.

1025 midwives said caseloading was their primary type of work; 1250 midwives said working in a core facility was their primary type of work.

Table 1 – Summary of expenditure – 2008 to 2009
Our responsibilities are:

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

Proposed second Scope of Practice

In last year’s report we said that discussion about the potential establishment of a second midwifery scope of practice was continuing after our consultation in November 2007 indicated an almost equal split between those who supported the concept of a Midwifery Council regulated second scope of practice and those who opposed the concept. There were also a significant number who were ambivalent or undecided. However discussion at both Fora in 2008 led Council to decide that it will not establish a second scope for midwifery assistants at this time. Council concluded that the long term risk of formalising a midwifery assistant workforce would outweigh any short term benefit. Council thought it appropriate instead to support DHBs in better utilisation of their midwifery workforce and this was one of the matters discussed at a Council workshop in March with DHB managers and NZCOM.

Code of Conduct

A draft code is in progress. Council will consult on this during the following year.
Our responsibilities are to:

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

Pre-registration education

Last year we reported that as the year ended we were continuing negotiations with Minister of Health and the Tertiary Education Commission in addressing the funding of the new pre-registration midwifery programme. The Tertiary Education Commission subsequently approved the funding application by Christchurch Polytechnic Institute of Technology and Otago Polytechnic for their new pre-registration programme providing confidence that funding applications by the other Schools of Midwifery would also be approved.

We successfully negotiated with Institutes of Technology and Polytechnics Quality (ITPQ) a Memorandum of Understanding to facilitate the joint accreditation, approval and monitoring processes which would be necessary in relation to midwifery programmes offered by Polytechnics. These processes were carried out in relation to the first application for programme approval under the new standards which had been received in March 2008 and that programme was approved.

We also developed a similar process in relation to programmes submitted by universities. The Committee on University Academic Programmes (CUAP) puts the onus on each University department to make sure its programme meets the requirements of the registration authority. CUAP does not undertake a site visit. Therefore Council's approval process for universities has been developed to mirror, as far as possible, that carried out in the joint ITPQ/Midwifery Council process for polytechnics. The university midwifery programmes will be assessed through a site visit by a panel and will also focus on ensuring that both the programme and the institution meet the Council's approval and accreditation standards.
Monitoring of Schools of Midwifery

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

National Midwifery Examination

A pass in the National Midwifery Examination is one of the requirements for entry to the Register of Midwives. In November 2008, 101 out of 103 candidates were successful. In March 2009, 7 out of 10 candidates attained a pass. The success rates for each School of Midwifery for 2008/09 are shown in Table 2.

<table>
<thead>
<tr>
<th>School</th>
<th>Number sitting</th>
<th>Number passed</th>
<th>% passed</th>
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<tbody>
<tr>
<td>AUT</td>
<td>34</td>
<td>32</td>
<td>94</td>
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<tr>
<td>WINTEC</td>
<td>32</td>
<td>31</td>
<td>97</td>
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<tr>
<td>Massey (PNth)</td>
<td>14</td>
<td>12</td>
<td>86</td>
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<tr>
<td>Massey (Wgtn)</td>
<td>13</td>
<td>13</td>
<td>100</td>
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<tr>
<td>CPIT</td>
<td>17</td>
<td>17</td>
<td>100</td>
</tr>
<tr>
<td>Otago</td>
<td>8</td>
<td>8</td>
<td>100</td>
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Midwifery First Year of Practice Programme

Sally Pairman represented the Council on the Clinical Training Agency Expert Advisory Group that developed the Midwifery First year of Practice programme (MFYP) for implementation in 2007. The Clinical Training Agency reviewed the MFYP in the latter part of 2008 and Sally again represented the Council on the Advisory Group. This highly successful programme provides support, education and professional development for new graduate midwives in their first year of practice. While providing a consistent level of support to all midwives in the programme, it also allows for flexibility and an individualised approach to meet specific needs. All new graduate midwives receive:

- between 32 and 56 hours of mentorship from a trained midwifery mentor
- between 69 and 80 hours of education and professional development
- experiential learning and feedback specific to the work context, and
- assessment and feedback through the MFYP Midwifery Standards Review process.

The midwifery mentors also receive education and development for the role. The Midwifery Council endorses the programme through provision of a certificate to all graduates. In 2008, 99 new graduates (97%) applied for and were accepted into the MFYP. Three withdrew before the programme commenced and two shortly afterwards (for personal reasons). There was a 95% completion rate. The CTA review in 2008 identified the success of the MFYP programme and made only minor changes. The programme will be reviewed again in 2013.

Complex care courses

In 2008 following representation from the Midwifery Council and the New Zealand College of Midwives, the Minister of Health, David Cunliffe, approved funding for post-graduate midwifery education to be managed through the Clinical Training Agency. The funding was to help retain midwives in the midwifery workforce by enabling funded access to clinically focused postgraduate education. The first two educational priorities identified were complex maternity care in secondary and tertiary maternity facilities and rural midwifery in rural and remote areas of New Zealand.

The Clinical Training Agency (CTA) established an Expert Advisory Group (EAG) to develop the specifications for the complex care programme and Sally Pairman represented the Midwifery Council on this group. The EAG drew on existing postgraduate courses at Auckland University of Technology, Victoria University of Wellington and Otago Polytechnic to develop an interim specification for a postgraduate certificate in complex care. Core midwives identified by their respective DHBs would be supported to undertake the programme in 2009. The programme itself includes theory in relation to physiology, medical, and obstetric complications that impact on pregnancy and childbirth, clinical practice in medical, surgical and maternity high dependency areas to support the theoretical learning and reflective activities with experienced midwife preceptors to assist integration of learning and practice into maternity settings. The broad vision outlined in the programme specification is that:

“Individual midwives are supported to achieve the necessary level of proficiency in midwifery complex care. This training will ensure that there are sufficient numbers of midwives throughout New Zealand who have the knowledge, technical skills and clinical experience to provide effective care for women with complex conditions in order to improve their health outcomes”.

Approximately 25 midwives commenced the programme at the three institutions in 2009. The CTA intends to review the programme in 2009 with a view to modifying the specification. Discussion is also likely to commence about the other priority areas for clinically-based postgraduate midwifery education.
Our responsibilities are to:

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

Recruitment and retention of overseas qualified midwives
Council continued to engage in activities related to its strategy to assist in recruitment and retention of overseas qualified midwives. In May it completed its consultation with District Health Boards. There were many and varied suggestions around:

• Improved website information
• Information packages for registrants
• Information packages for DHBs
• Streamline Council processes
  Collaboration with DHBs, Immigration Department, and Ministry of Health

As a result of this Council reviewed and improved the pages for overseas qualified midwives on its website, met with staff of the Immigration Department, commenced a review of its registration processes and continued to work informally in collaboration with the Ministry of Health.

The issue was also a topic of discussion at our Fora. In addition Council received the report of its collaborative study with CPIT staff entitled “Following the Dream: a study exploring the reasons why British Midwives choose to practice in New Zealand”. Feedback from both these sources raised some issues about the cost, content and consistency of implementation of Council’s Competence Programme which all overseas qualified midwives are required to complete. The Competence Programme reflects the need for them to gain competencies required of midwives in New Zealand which do not have a parallel in other jurisdictions. Council consulted further on this aspect with the New Zealand College of Midwives, Schools of Midwifery and DHBs, in particular asking them to consider the content of the NZ Maternity System and Pharmacology and Prescribing papers and whether there should be a nationally agreed programme provided through the Council or by other educational institutions. This was one matter discussed further at Council’s workshop for DHB midwifery managers and educators held in March 2009. Work on this is continuing as the year ends. As a result of improved systems, Council has implemented compliance monitoring against requirements of the programme.
Table 3: Number of Midwives registered between 1 April 2008 and 31 March 2009 with comparisons with previous years

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<tbody>
<tr>
<td><strong>New Zealand midwifery graduates</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Australian entitled under TTMRA*</td>
<td>114</td>
<td>103</td>
<td>108</td>
<td>109</td>
<td>107</td>
</tr>
<tr>
<td>Other overseas trained</td>
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<td>11</td>
<td>7</td>
<td>17</td>
<td>11</td>
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<td>57</td>
<td>82</td>
<td>69</td>
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<tr>
<td>Total</td>
<td>184</td>
<td>196</td>
<td>184</td>
<td>197</td>
<td>179</td>
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</tbody>
</table>

* Trans Tasman Mutual Recognition Act 1997

** Registered prior to Midwifery Council assuming responsibility

Table 4: Percentage of registrations between 1 April 2008 and 31 March 2009 with comparisons with previous years: New Zealand graduate compared to all overseas qualified
Since Council's inception, the United Kingdom has continued to dominate as the source of overseas midwives coming to New Zealand. Table 5 shows the country of initial registration of overseas qualified midwives registering in New Zealand since 1 April 2005.

Table 5: Country of initial registration of overseas qualified midwives between 1 April 2005 and 31 March 2009
ISSUE OF PRACTISING CERTIFICATES

Our responsibilities are to:

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

Midwives’ health

Council received six notifications of concern about a midwife’s health which had affected her practice and another midwife self disclosed a condition which would potentially affect her. All midwives were referred to the Health Committee. As at 31 March three had regained full health and had been discharged from the Committee’s oversight, two midwives were voluntarily not working as midwives and for the remaining two the Committee was monitoring programmes designed to support them to return to work while also protecting the health and safety of the public. The Health Committee has delegated authority from Council to make decisions relating to midwives’ health.

Return to Practice Programme

Midwives who seek to return to work as a midwife after an absence of more than three years must demonstrate their competence to practise by completing the Council’s Return to Practice Programme. During the year Council received 29 applications for Return to Practice and approved individual programmes for all but 3 who chose not to proceed. As at 31 March 2009, 18 have completed the programme and the remaining 8 are still undertaking the programme. One further Return to Practice programme has been approved.

Fees

Following a consultation with the profession in late 2007 the fee for an annual practising certificate for this year was reduced from $600 to $478. During the year Council again reviewed fees in light of the budget for the 2009/2010 year and was able to further reduce the practising certificate fee to $400 for the forthcoming year. Council also decided to set the Disciplinary Levy at zero for the forthcoming year.
Annual Practising Certificates

Each year about 2500 usually renew their practising certificates, about 300 new and returning midwives enter practice and about 300 leave practice. The number of current practising certificates increases during the year as newly registered midwives enter the workforce and existing midwives return to practice. Midwives who leave practise do not surrender their practising certificates and are not reflected in the numbers until the beginning of the next year when they do not renew. In the 2008/2009 year only 197 midwives left the profession resulting in a small but nevertheless significant increase in the size of the practising workforce.

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

The Recertification Programme requires midwives to undertake various courses and activities over a three year period in order that they can demonstrate to Council that they are competent and safe to practise. Early in the 2008/2009 year we published a booklet summarising the requirements of the Programme because they had changed following a consultation in late 2007. The booklet aimed to explain the requirements in an easy to read format and included answers to ‘frequently asked questions’ and a planner (also available for download from our website) to assist midwives plan their engagement over several years.

As at 31 March there were approximately 200 elective courses offered by 61 providers approved for the purposes of recertification. During the year Council wrote to all providers to ensure those courses listed were still being offered. We also attempted to make it easier for midwives to locate approved courses by classifying them by location and by topic. Council receives applications for approximately 5 – 10 new courses each month, the majority of which are approved. In addition, to facilitate approval, Council provided blanket approval of all short courses of 1-2 hours provided by NZCOM, NZNO, NZBA and DHB educators. The tables are on our website and are updated regularly.

Recertification Audit

The audit conducted in 2007 which we noted in last year’s report indicated that the majority of midwives had fully engaged in the Recertification Programme. However, a small number were unable to satisfy Council as to substantial engagement and they were required to undertake specific activities within defined time frames, some being issued with interim practising certificates until requirements were met.

This year Council continued to monitor engagement by way of audit and was pleased to see improvement in the standard of portfolios. Following anecdotal feedback, the secretariat completed a process mapping exercise which has led to a streamlined process and improved documentation. Portfolios are now returned to midwives more promptly with an easy to read certificate showing which requirements have been met, which are overdue and a date by which evidence of incomplete requirements should be provided.

A small number of midwives were referred to the Professional Conduct Committee for non engagement in the Recertification Programme over the previous three years and for falsely signing the declaration on successive Practising Certificate application forms, declaring that they were engaged in the Recertification Programme and meeting its requirements. The Recertification Programme requires the midwifery profession to engage in a process of self-reflection and professional development that will improve standards of midwifery care and contribute to ongoing quality improvement in the midwifery workforce. Public safety is assured through a midwifery workforce that demonstrates both professionalism and competence and so failure to engage in the Programme is regarded as misconduct.
Participation in the Recertification Programme requires a commitment to professional development.

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

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

*Compulsory education includes:
  - Technical Skills workshop*** once every 3 years
  - Annual neonatal resuscitation update
  - Annual adult CPR update
  - Breastfeeding update workshop once every 3 years.

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

***Technical Skills workshops for 2008 to 2011 have the following components:
  - Documentation
  - Communication in relation to consultation and referral
  - Midwifery emergencies
  - Labour assessment
PROFESSIONAL STANDARDS

Our responsibilities are to:

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

Between 1 April 2008 and 31 March 2009 the Council received a total of forty one complaints. These were either referred to Council from the Health and Disability Commissioner or ACC as part of its reporting of sentinel and serious events or were notifications of concern made by DHBs or other practitioners. Four complaints each involved two midwives, one complaint involved four midwives and two complaints were about the same midwife. See Table 7 for a summary of these complaints and their outcomes.

Professional Conduct Committee

Complaints which involve unprofessional behaviour or deliberate actions that may be in breach of midwifery standards are referred to a Professional Conduct Committee for investigation. The PCC can make recommendations back to Council or determinations in its own right. During the year six midwives were referred to a Professional Conduct Committee, one of whom was the subject of two complaints. Three of these midwives were referred to Council by the secretariat because of lack of engagement in the Recertification Programme. Complaints were received about the conduct of another four midwives but these were addressed by way of counselling by Council together with a requirement that the midwives satisfactorily reflected on the incidents.

Health Practitioners Disciplinary Tribunal

During the year, two midwives were referred to the Tribunal, one by the Health and Disability Commissioner and the other by Council’s Professional Conduct Committee. As at 31 March both these cases were in progress. In August 2008 the Tribunal made an order in relation to the conduct of another midwife who had been referred to the Tribunal by the Health and Disability Commissioner in 2007.

Competence Review Panel

Seven midwives were required to have their competence reviewed. For six others, while a Competence Review was not required, the midwives were required to undertake a Competence Programme designed to help them address the concerns in the complaints and an additional four were required to attend a Special Midwifery Standards Review through the New Zealand College of Midwives. A Special Midwifery Standards Review differs from the College’s usual review process in that it focuses on a specific case or set of circumstances identified by Council rather than relating to the midwife’s overall practice.
Table 7: The referrals and notifications were dealt with as follows:

<table>
<thead>
<tr>
<th>Action</th>
<th>Referring body</th>
<th>Complaints received</th>
<th>Number of midwives</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referred to Professional Conduct Committee</td>
<td>HDC* or DHB</td>
<td>3</td>
<td>2</td>
<td>Referrals in process at 31.3.09</td>
</tr>
<tr>
<td></td>
<td>HDC</td>
<td>1</td>
<td>1</td>
<td>No breach but midwife referred to Health Committee and recommendation for Competence Review</td>
</tr>
<tr>
<td></td>
<td>Secretariat</td>
<td>3</td>
<td>3</td>
<td>Lack of engagement in Recertification. Required to undertake Special MSR and provide Recertification plan over next 3 years.</td>
</tr>
<tr>
<td>Conduct issue dealt with by Council</td>
<td>HDC, DHB or another midwife</td>
<td>4</td>
<td>4</td>
<td>Midwife counselled and required to subsequently provide written reflection on the issues.</td>
</tr>
<tr>
<td>Referred for Competence Review</td>
<td>DHB</td>
<td>1</td>
<td>1</td>
<td>In process at 31.3.09</td>
</tr>
<tr>
<td></td>
<td>HDC</td>
<td>2</td>
<td>2</td>
<td>In process at 31.3.09</td>
</tr>
<tr>
<td></td>
<td>ACC</td>
<td>1</td>
<td>1</td>
<td>In process at 31.3.09</td>
</tr>
<tr>
<td></td>
<td>Other midwives</td>
<td>1</td>
<td>1</td>
<td>Non prescribing condition on scope imposed and required to undertake Competence Programme.</td>
</tr>
<tr>
<td></td>
<td>HDC</td>
<td>1</td>
<td>1</td>
<td>Restrictions on practice imposed and required to undertake Competence Programme.</td>
</tr>
<tr>
<td></td>
<td>DHB</td>
<td>1</td>
<td>1</td>
<td>Found competent but mentored around collegial relationships.</td>
</tr>
<tr>
<td>Referred for Special Midwifery Standards Review</td>
<td>ACC or HDC</td>
<td>4</td>
<td>4</td>
<td>Plus in one case a requirement to promptly undertake a Technical Skills Workshop.</td>
</tr>
<tr>
<td>Competence Programme Required</td>
<td>HDC</td>
<td>5</td>
<td>6</td>
<td>Courses required as appropriate to address the concerns.</td>
</tr>
<tr>
<td>Referred to HDC (and not otherwise included in table)</td>
<td>consumer</td>
<td>2</td>
<td>2</td>
<td>Preliminary investigation by HDC pending</td>
</tr>
<tr>
<td></td>
<td>consumer</td>
<td>1</td>
<td>1</td>
<td>No foundation to complaint</td>
</tr>
<tr>
<td>Preliminary investigation by the Council but Competence Review not required because:</td>
<td>HDC, DHB or ACC</td>
<td>7</td>
<td>14</td>
<td>No further action by the Council required.</td>
</tr>
<tr>
<td>Midwives had already voluntarily addressed the issues by seeking further training or changing behaviour</td>
<td>DHB or DHB</td>
<td>2</td>
<td>2</td>
<td>No further action unless midwife wishes to obtain a practising certificate.</td>
</tr>
<tr>
<td>Assessment by Council but no further action because:</td>
<td>HDC</td>
<td>1</td>
<td>1</td>
<td>No further action pending the outcome of the HPDT hearing unless midwife wishes to obtain a practising certificate</td>
</tr>
<tr>
<td>HDC found no breach and Council did not consider circumstances warranted further action</td>
<td>HDC or DHB</td>
<td>2</td>
<td>2</td>
<td>No further action</td>
</tr>
<tr>
<td>HDC referred matter to HPDT</td>
<td>HDC</td>
<td>1</td>
<td>1</td>
<td>No further action</td>
</tr>
</tbody>
</table>

Note: these figures represent new referrals and notifications during the year and do not include those received in the previous year that are still in the process of being addressed. Nor does it include those cases that have been resolved but which require ongoing monitoring.
The types of complaints relating to competence included concerns about:

- Documentation
- Clinical skills
- Communication/non-referral
- Assessment & decision making
- Monitoring of woman and baby especially in labour including electronic fetal monitoring
- Partnership
- Practice Management skills

The themes involved in complaints about conduct were:

- Lack of availability for and attention to client
- Not meeting ethical responsibilities to client
- Lack of documentation
- Possible falsification of documentation
- Inappropriate advertising in breach of the Code of Ethics
- Non engagement in Recertification
COMMUNICATION WITH STAKEHOLDERS

Our responsibilities are to:

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

Forum

Council held its Annual Forum in Auckland and Christchurch to discuss policies and processes and provide an opportunity for the profession, stakeholders and consumers to give informal feedback to Council. Approximately 40 people attended in Christchurch and over 60 in Auckland.

Website

Council continued to utilise its website as a cost efficient way of communicating with the profession, stakeholders and the public. We also undertook a short survey inviting midwives’ opinions on enhanced features of the website.

New Zealand College of Midwives Conference

Council members and some Secretariat staff attended NZCOM’s biennial conference, taking the opportunity to make written and verbal information about Council’s role and processes readily available.

International Confederation of Midwives

In June 2008 the Chairperson, Sally Pairman, Deputy Chairperson Sharron Cole and Chief Executive & Registrar Susan Yorke attended the triennial congress of the International Confederation of Midwives in Glasgow. The theme of the conference was “Midwifery: a worldwide commitment to women and the newborn”. It was attended by about 2500 midwives from around the world and featured a large number of scientific and educational papers.

Sally Pairman was nominated by the ICM Board to co-Chair the newly established Midwifery Regulation Standing Committee and the inaugural meeting took place during the conference. The impetus for the committee is to strengthen midwifery regulation worldwide. Midwifery is largely invisible in many international forums as it is either not regulated or is tightly integrated within nursing regulation. ICM recognises multiple routes of entry into the profession of midwifery but it also considers that midwifery regulation requires specific attention and processes if regulation is to ensure safe and effective practice for women and their newborn. The standing committee is responsible for initiation, development, implementation & evaluation of all professional regulation & licensing activities for the Confederation.
Subsequently the ICM Executive decided to establish a Regulation Taskforce to develop global standards for midwifery regulation. These standards are to be completed by January 2011. Sally Pairman has also been appointed as co-chair of the Regulation Taskforce.

**Nursing and Midwifery Regulatory Authorities from the Western Pacific and South-East Asia Regions (WP/SEAR)**

The purpose of WP/SEAR is to provide a forum for the development of productive relationships and networking between nursing and midwifery regulatory authorities in the region. Whilst some countries have well established regulatory frameworks in place, others are in the process of developing regulatory models, and there is much help which can be provided to assist those countries. Meetings of member countries have been held bi-annually in different locations since 1996, with specific outcomes achieved at each meeting. The 7th meeting of WP/SEAR was held in Singapore in October and was attended by Chairperson Sally Pairman and Chief Executive & Registrar Susan Yorke. The theme of this meeting was “supporting and managing change”. Sally Pairman presented a paper on developing a sustainable midwifery workforce. Susan Yorke presented on ensuring midwifery competence through education.

**Stakeholders:**

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

- Health Regulatory Authorities of New Zealand Group (HRANZ)
- Health and Disability Commissioner and Deputy Commissioner
- Ministry of Health
- New Zealand Health Information Service
- Minister of Health
- The Opposition spokesperson on Health.
- District Health Boards of New Zealand
- New Zealand College of Midwives
- Nga Maia o Aotearoa
- Accident Compensation Corporation
- Tertiary Education Commission
- Institutes of Technology and Polytechnics Quality
- Clinical Training Agency
- Australian Nursing and Midwives Council

Other conferences and forums attended included:

- NZCOM Educators Forum, where education issues of mutual interest were discussed

**Submissions on relevant issues**

Council made a number of submissions on relevant issues relating to midwifery and wider health issues. These are listed below.

Health and Disability Commissioner – Naming of Providers.
Ministry of Health - Review of the Quality, Safety and Management of Maternity Services in the Wellington area.
**Midwifery Workforce Annual Survey**

Each year Council surveys midwives in conjunction with the practising certificate renewal process. Non-identifiable data is shared with the New Zealand Health Information Service (part of the Ministry of Health). The tables below are the results of the survey sent out with the annual practising certificate renewal forms in February 2008. At present Council does not record midwives’ employment situation on the Register.

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

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>First</th>
<th>%</th>
<th>Second</th>
<th>%</th>
<th>Third</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Zealand European</td>
<td>1703</td>
<td>65.6%</td>
<td>161</td>
<td>6.2%</td>
<td>14</td>
<td>0.5%</td>
</tr>
<tr>
<td>British and Irish</td>
<td>410</td>
<td>15.8%</td>
<td>58</td>
<td>2.2%</td>
<td>5</td>
<td>0.2%</td>
</tr>
<tr>
<td>New Zealand Maori</td>
<td>119</td>
<td>4.6%</td>
<td>44</td>
<td>1.7%</td>
<td>4</td>
<td>0.2%</td>
</tr>
<tr>
<td>Other European</td>
<td>75</td>
<td>2.9%</td>
<td>16</td>
<td>0.6%</td>
<td>2</td>
<td>0.1%</td>
</tr>
<tr>
<td>Australian</td>
<td>55</td>
<td>2.1%</td>
<td>8</td>
<td>0.3%</td>
<td>1</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
<td>53</td>
<td>2.0%</td>
<td>9</td>
<td>0.3%</td>
<td>4</td>
<td>0.2%</td>
</tr>
<tr>
<td>Chinese</td>
<td>46</td>
<td>1.8%</td>
<td>6</td>
<td>0.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>German</td>
<td>26</td>
<td>1.0%</td>
<td>4</td>
<td>0.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dutch</td>
<td>24</td>
<td>0.9%</td>
<td>8</td>
<td>0.3%</td>
<td>1</td>
<td>0.0%</td>
</tr>
<tr>
<td>Indian</td>
<td>16</td>
<td>0.6%</td>
<td>5</td>
<td>0.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Pacific</td>
<td>14</td>
<td>0.5%</td>
<td>2</td>
<td>0.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Samoan</td>
<td>14</td>
<td>0.5%</td>
<td>3</td>
<td>0.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>African</td>
<td>13</td>
<td>0.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Asian</td>
<td>12</td>
<td>0.5%</td>
<td>3</td>
<td>0.1%</td>
<td>2</td>
<td>0.1%</td>
</tr>
<tr>
<td>South East Asian</td>
<td>12</td>
<td>0.5%</td>
<td>6</td>
<td>0.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cook Island Maori</td>
<td>5</td>
<td>0.2%</td>
<td>2</td>
<td>0.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grand Total</td>
<td>2597</td>
<td>100.0%</td>
<td>335</td>
<td>12.9%</td>
<td>33</td>
<td>1.3%</td>
</tr>
</tbody>
</table>
Table 9: Reported ethnicity by major grouping.

Table 10: Age profile of the current midwifery workforce compared to the age profile of the New Zealand workforce as a whole

The midwifery profession in New Zealand is characterised by the number of persons entering the workforce for the first time at a late age. This is true not only for overseas trained midwives, many of whom move to New Zealand later in their careers, but also for New Zealand graduates midwives. Table 10 shows the age profile of all midwives at the time of registration for midwives registered between September 2004 and March 2008. Only 32 percent of New Zealand graduates who registered with the Council were less than 30 years old at the time of registration.
Table 11: Age profile of midwives at time of registration (Numbers registered since September 2004)

In the 2008/09 survey, 215 midwives indicated that they were currently studying towards a post registration qualification. Table 12 shows the types of qualifications being sought.

Table 12: Midwives undertaking post registration qualification in 2008 - 2009

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

Council membership

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

Council meetings

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

Committee structure

There were no changes to the committee structure. At 31 March 2009 the Committees and their members are:

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

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

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

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

Finance Committee: Sally Pairman and Sharron Cole (with the Chief Executive)

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

Members of Competence Review Panels during the 2008-2009 year

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sue Bree (Council member)</td>
</tr>
<tr>
<td>Estelle Mulligan (Council member)</td>
</tr>
<tr>
<td>Mina Timutimu (Council member)</td>
</tr>
<tr>
<td>Thelma Thompson (Council member)</td>
</tr>
<tr>
<td>Helenmary Walker (Council member)</td>
</tr>
<tr>
<td>Sue Calvert (Midwifery Advisor)</td>
</tr>
<tr>
<td>Judith McAra Couper</td>
</tr>
<tr>
<td>Joyce Cowan</td>
</tr>
<tr>
<td>Chris Stanbridge</td>
</tr>
</tbody>
</table>

Members of Professional Conduct Committees during the 2008-2009 year

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharron Cole (Council member and convenor)</td>
</tr>
<tr>
<td>Thelma Thompson (Council member)</td>
</tr>
<tr>
<td>Kay Faulls</td>
</tr>
<tr>
<td>Marion Gardner</td>
</tr>
<tr>
<td>Liz Jull</td>
</tr>
<tr>
<td>Barb Pullar</td>
</tr>
<tr>
<td>Jane Stojanovic</td>
</tr>
<tr>
<td>Juliet Thorpe</td>
</tr>
<tr>
<td>Jenny Woodley</td>
</tr>
</tbody>
</table>
Staff members of the Midwifery Council at 31 March 2009 were:

- **Chief Executive and Registrar:** Susan Yorke
- **Deputy Registrar:** Nick Bennie
- **Midwifery Advisor:** Sue Calvert
- **Accounts and Registration:** Marilyn Pierson
- **Executive Assistant:** Andy Crosby
- **Administration Assistant:** Ellie Wilson

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

**Accountants:**
Taylor Associates, PO Box 11 976, Wellington.

**Bankers:**
Westpac, PO Box 691, Wellington 6011.

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

Midwifery Council of New Zealand

Financial Statements
For the year to 31 March 2009
MIDWIFERY COUNCIL OF NEW ZEALAND

2009 FINANCIAL STATEMENTS

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Statement of Movements in Equity..........................2
Statement of Financial Position............................3
Notes to the Financial Statements..........................4
Audit Report........................................6

MIDWIFERY COUNCIL OF NEW ZEALAND

STATEMENT OF FINANCIAL PERFORMANCE
FOR THE YEAR ENDED 31 MARCH 2009

<table>
<thead>
<tr>
<th>Notes</th>
<th>2009 $</th>
<th>2008 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>REVENUE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registration Fees</td>
<td>96,783</td>
<td>97,045</td>
</tr>
<tr>
<td>Annual Practising Certificate</td>
<td>1,110,777</td>
<td>1,165,279</td>
</tr>
<tr>
<td>Examinations</td>
<td>25,690</td>
<td>23,085</td>
</tr>
<tr>
<td>Conditions &amp; Monitoring</td>
<td>13,112</td>
<td>19,845</td>
</tr>
<tr>
<td>Interest Income</td>
<td>167,149</td>
<td>156,528</td>
</tr>
<tr>
<td>Other Income</td>
<td>10,724</td>
<td>5,370</td>
</tr>
<tr>
<td>Forum</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Disciplinary Levy</td>
<td>0</td>
<td>232,944</td>
</tr>
<tr>
<td>TOTAL REVENUE</td>
<td>1,424,243</td>
<td>1,654,016</td>
</tr>
</tbody>
</table>

LESS EXPENDITURE

Accounting | 4,966 | 9,028 |
Audit Fees | 2,680 | 3,000 |
Bank Charges | 10,402 | 10,641 |
NZC1M Subsidy | 124,200 | 125,400 |
Council Member Fees | 43,351 | 43,438 |
Committee Member Expenses | 94,713 | 63,541 |
Chair Fees | 0 | 850 |
Professional Conduct Committee Expenses | 128,802 | 14,439 |
Conferences & Seminars | 44,684 | 8,970 |
Catering | 0 | 389 |
Cleaning | 3,335 | 2,850 |
Computer Expenses | 22,343 | 17,874 |
Consultants | 46,199 | 32,924 |
Depreciation | 38,676 | 35,047 |
Examination Expenses | 12,598 | 12,381 |
Forum | 20,211 | 8,907 |
General Expenses | 4,289 | 4,879 |
Equipment Hire | 8,093 | 9,923 |
Room Hire | 2,310 | 1,520 |
Legal Fees | 7,458 | 3,043 |
HPBT Costs | 168,937 | 14,262 |
Postage & Couriers | 21,228 | 22,407 |
Power | 2,547 | 2,796 |
Printing & Stationary | 22,044 | 46,910 |
Rent | 50,178 | 47,120 |
Staff Recruitment | 10,406 | 3,998 |
Publications | 830 | 1,195 |
Reconfrerence Audits | 5,691 | 19,583 |
Salaries | 377,884 | 267,880 |
Security | 820 | 345 |
Website Maintenance | 3,287 | 3,294 |
Teleconferencing | 513 | 1,399 |
Telephone & Internet | 9,457 | 7,469 |
Travel and Accommodation | 65,634 | 67,987 |
Annual Report | 6,038 | 6,184 |
Indemnity Insurance | 6,769 | 6,762 |
TOTAL EXPENDITURE | 1,366,351 | 917,080 |

NET SURPLUS/(DEFICIT) | 57,891 | 776,134 |

The attached NOTES form part of these Financial Statements
### Statement of Movements in Equity

**Midwifery Council of New Zealand**

**Statement of Movements in Equity**

**For the Year Ended 31 March 2009**

<table>
<thead>
<tr>
<th>Notes</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Equity at Beginning of Year</td>
<td>1,885,050</td>
<td>1,108,916</td>
</tr>
<tr>
<td>Net Surplus for Year</td>
<td>57,691</td>
<td>776,134</td>
</tr>
<tr>
<td><strong>EQUITY AT END OF YEAR</strong></td>
<td><strong>1,942,941</strong></td>
<td><strong>1,885,050</strong></td>
</tr>
</tbody>
</table>

The attached NOTES form part of these Financial Statements

- 2 -

### Statement of Financial Position

**Midwifery Council of New Zealand**

**Statement of Financial Position**

**As at 31 March 2009**

<table>
<thead>
<tr>
<th>Notes</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>NON-CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, Plant &amp; Equipment</td>
<td>2</td>
<td>116,366</td>
</tr>
<tr>
<td></td>
<td></td>
<td>116,366</td>
</tr>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Westpac Cheque Account</td>
<td>.499,697</td>
<td>249,895</td>
</tr>
<tr>
<td>Term Deposits</td>
<td>2,481,204</td>
<td>2,608,547</td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td>8,709</td>
<td>20,610</td>
</tr>
<tr>
<td>Prepayments</td>
<td>4,703</td>
<td>19,229</td>
</tr>
<tr>
<td>Accrued Income</td>
<td>25,169</td>
<td>35,965</td>
</tr>
<tr>
<td><strong>TOTAL CURRENT ASSETS</strong></td>
<td>3,019,473</td>
<td>2,933,647</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>3,135,839</td>
<td>3,068,311</td>
</tr>
<tr>
<td><strong>CURRENT LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts Payable</td>
<td>176,519</td>
<td>74,174</td>
</tr>
<tr>
<td>Accrued Expenses</td>
<td>29,025</td>
<td>19,488</td>
</tr>
<tr>
<td>GST Payable</td>
<td>82,910</td>
<td>103,847</td>
</tr>
<tr>
<td>PAYE Payable</td>
<td>2,542</td>
<td>2,756</td>
</tr>
<tr>
<td>Income Received in Advance</td>
<td>901,902</td>
<td>982,997</td>
</tr>
<tr>
<td><strong>TOTAL CURRENT LIABILITIES</strong></td>
<td>1,192,898</td>
<td>1,183,271</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td>1,192,898</td>
<td>1,183,271</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td>1,942,941</td>
<td>1,885,050</td>
</tr>
<tr>
<td><strong>Represented By:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>EQUITY</strong></td>
<td>1,942,941</td>
<td>1,885,050</td>
</tr>
</tbody>
</table>

For and on behalf of the Council

Chairperson: [Signature] Date: 9.7.09

Registrar: [Signature] Date: 9.7.09

The attached NOTES form part of these Financial Statements

- 3 -
1. STATEMENT OF ACCOUNTING POLICIES

REPORTING ENTITY
The Council is constituted under the Health Practitioners Competence Assurance Act 2003. These Financial Statements have been prepared in accordance with the Financial Reporting Act 1993. The Council qualifies for differential reporting as it is not publicly accountable and is not large. The Council has taken advantage of all applicable differential reporting exemptions.

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

Accrual accounting is used to match expenses and revenues.

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

SPECIFIC ACCOUNTING POLICIES

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

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

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

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

PROPERTY, PLANT & EQUIPMENT
Property, Plant and Equipment are shown at original cost less accumulated depreciation. Depreciation has been calculated over the expected useful life of the Assets.

<table>
<thead>
<tr>
<th>Description</th>
<th>Original Cost</th>
<th>Depreciation</th>
<th>Accumulated Depreciation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer Equipment</td>
<td>$136,935</td>
<td>$27,860</td>
<td>$70,242</td>
</tr>
<tr>
<td>Office Equipment</td>
<td>$13,555</td>
<td>$2,521</td>
<td>$5,333</td>
</tr>
<tr>
<td>Furniture &amp; Fittings</td>
<td>$49,425</td>
<td>$6,242</td>
<td>$13,506</td>
</tr>
<tr>
<td>Leasehold Improvements</td>
<td>$9,765</td>
<td>$1,953</td>
<td>$4,231</td>
</tr>
<tr>
<td>Book Value</td>
<td>$209,680</td>
<td>$38,676</td>
<td>$93,312</td>
</tr>
</tbody>
</table>

3. OPERATING LEASE COMMITMENTS
The Council commenced a five year lease for premises on Level 2, Alan Burns Insurance House, 69-71 Boulcott Street, Wellington on 1 December 2000. There were also leases taken out for office equipment.

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

<table>
<thead>
<tr>
<th>Description</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Due in 1 year</td>
<td>$59,232</td>
<td>$53,086</td>
</tr>
<tr>
<td>Due between 1-2 years</td>
<td>$69,120</td>
<td>$53,086</td>
</tr>
<tr>
<td>Due between 2-5 years</td>
<td>$45,196</td>
<td>$99,087</td>
</tr>
</tbody>
</table>

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

5. CONTINGENT LIABILITIES AND CAPITAL COMMITMENTS
There were no contingent liabilities and capital commitments at balance date [2008: Nil]
AUDIT REPORT

TO THE READERS OF
THE MIDWIFERY COUNCIL OF NEW ZEALAND’S
FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2009

The Auditor-General is the auditor of the Midwifery Council of New Zealand (Midwifery Council). The Auditor-General has appointed me, Paolo Ryan, using the staff and resources of PKF Martin Jarvie, to carry out the audit of the financial statements of the Council on his behalf, for the year ended 31 March 2009.

Unqualified Opinion

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

- comply with generally accepted accounting practice in New Zealand; and
- fairly reflect:
- the Midwifery Council’s financial position as at 31 March 2009; and
- the results of its operations for the year ended on that date.

The audit was completed on 9 July 2009, and this is the date at which our opinion is expressed.

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

Basis of Opinion

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

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

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

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

Audit procedures generally include:

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

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

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

Responsibilities of the Members of the Council and the Auditor

The Members of the Council are responsible for preparing the financial statements in accordance with generally accepted accounting practice in New Zealand. The financial statements must fairly reflect the financial position of the Midwifery Council as at 31 March 2009 and the results of its operations for the year ended on that date. The Members of the Council’s responsibilities arise from the Health Practitioners Competence Assurance Act 2003.

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

Independence

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

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

Paolo Ryan
PKF Martin Jarvie
On behalf of the Auditor-General
Wellington, New Zealand
COUNCIL CONTACT DETAILS
All correspondence to the Council should be addressed to:
The Registrar
Midwifery Council
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Wellington, 6142
Email: info@midwiferycouncil.org.nz
Tel: (04) 499 5040
Fax: (04) 499 5045