



ANNUAL REPORT

OF THE MIDWIFERY COUNCIL

TE TATAU O WHARE KAHU

TO THE MINISTER OF HEALTH
FOR THE YEAR TO 31 March 2020



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

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Detail of painting of Dame Whina Cooper by artist the late Suzy Pennington

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

Facts at a glance

- **3,382** practising midwives (3,309 in 2019)
- Registered **214** New Zealand educated midwives (173 in 2019)
- Registered **29** internationally qualified midwives (43 in 2019)
- **214** midwifery graduates passed the National Midwifery Examination
- **16** midwives completed a Return to Practice programme (8 in 2019)
- **15** midwives completed a Return to New Zealand practice programme
- Received **43** notifications involving midwives' competence
- Conducted **11** competence reviews
- Required **11** midwives to undertake competence programmes
- Received **5** notifications involving midwives' conduct
- Referred **1** midwives to a Professional Conduct Committee
- Received **19** notifications involving midwives' health
- Published **8** eMidpoints



INTRODUCTION

The Council's mission:

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

Council values:

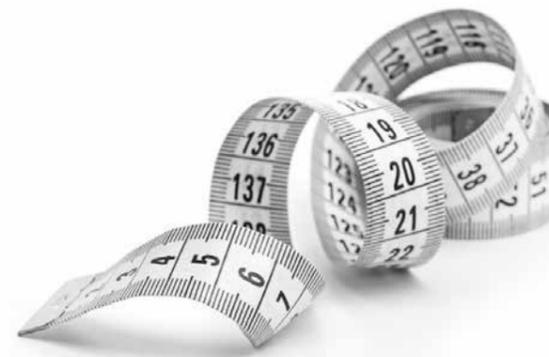
We will be known for our:

- Integrity, fairness and accountability

Functions:

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

- Define the Midwifery Scope(s) of Practice and prescribe the qualifications required of registered midwives
- Accredite and monitor midwifery educational institutions and programmes
- Maintain a public Register of Midwives who have the required qualifications and are competent and fit to practise
- Issue practising certificates to midwives who maintain their competence
- Establish programmes to assess and promote midwives' ongoing competence
- Deal with complaints and concerns about midwives' conduct, competence and health
- Set the midwifery profession's standards for clinical and cultural competence and ethical conduct, including competencies that will enable effective and respectful interaction with Maori
- 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



1. Governance



Chairperson's Foreword

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

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

One of the challenges of this year has been the 2020 COVID-19 pandemic. The secretariat was well prepared and all staff were able to move and work offsite with minimal disruption.

The Council reframed and approved its strategic plan in 2019. Having achieved many of its goals with regards to ensuring that it had the skills and capability within the secretariat it turned its focus to key strategic projects: The review of the scope of practice, competencies and pre-registration education standards and the use of technology to support its business processes and to inform decision making.

Council highlights include:

- Accrediting and approving a fifth Bachelor of Midwifery degree at Victoria University of Wellington
- Continued development of the joint Outcomes-based Assessment project for internationally qualified midwives in collaboration with AHPRA
- The implementation of the online national midwifery exam

The Council continues to engage with key stakeholders. It participates in high level strategic maternity groups around both maternity quality and safety and workforce development. The Council also is represented in an ex officio capacity on the DHB midwifery leaders' group.

The Council has a collaborative and collegial relationship with the New Zealand College of Midwives, ensuring that the perspectives of regulation and professional practice are key elements in all matters relating to maternity and midwifery.

The Council and the Secretariat

The year has continued previous years' patterns, being very busy in all areas of operations. This year saw the appointment of Sue Calvert as the new Chief Executive and Registrar following the previous CE's retirement.

Following on from the recommendations of the 2018 organisational review an Operations Manager was appointed in mid-2019. The purpose of this role is to ensure that the correct operational systems and processes are in place. The Operations manager is also responsible for the IT systems within the secretariat. As part of its move towards a new database the Council undertook a cyber security assessment and is implementing systems and education for all staff during 2020. I want to acknowledge the work that all the staff undertake on behalf of the Council.

The Council regrets to advise of the death of past Council member Annette Black. Annette left the Council in 2018 and was a key advocate for the voice of consumers.

Finally, I acknowledge the commitment, time and knowledge each and every Council member has brought to the Board table. There have been no new appointments during 2019-2020 and the Board has continued to develop.

One of the challenges of this year has been the 2020 COVID-19 pandemic. The secretariat was well prepared and all staff were able to move and work offsite with minimal disruption to service. Midwives were part of the surge workforce and as a consequence of the Council asking for midwives to support the MOH, a number of midwives who had planned to retire contacted the Council and sought to renew their APC. Their motives were to support their colleagues to provide care to women and their babies.

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

Na Chris

Chris Mallon, Chairperson

Members of the Midwifery Council at 31 March 2020



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

Chris was appointed to the Council in December 2015 for a three year term. She is currently Chief Midwife at Counties Manukau Health. Chris has extensive experience as an LMC, a core midwife and in midwifery leadership. She has a particular interest in collaborative work environment and how services work together. Chris and her family live in Auckland.



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

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



Theo Baker BA, LLB

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



Debbie Fawcett RM

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



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

Debbie was appointed to the Midwifery Council in September 2011. She is the Midwifery Advisor at the Nelson Marlborough DHB and also works clinically on a casual basis within a variety of settings. Debbie is a member of the National DHB Midwifery Leaders Group. She is also a Lactation Consultant. Debbie has lived and worked in New Zealand, Australia and the United Kingdom in all types of maternity care settings. She is a past NZCOM regional chairperson. Debbie currently lives in Nelson with her husband and small daughter.



Ngatepaeru Marsters B H Sc (Midwifery)

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



Melanie Tarrant B Com, B Phys Ed

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



Mahia Winder RM

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

Strategic Objectives 2018 – 2021 (revised March 2019)

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

Fees for Council members and appointees

The current fees are:

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

Council members and Chief Executive attended an education workshop on cultural competence in early 2020

Council meetings

During 2019/20, the Council held 7 meetings. It also held a facilitated strategic planning day. A number of electronic teleconferences were also held to discuss urgent matters, these usually related to notifications on specific midwives.

As part of its pandemic planning while New Zealand is in COVID alert level four the Council will meet weekly.

Council education

As part of its learning and development the Council members and Chief Executive attended an education workshop on cultural competence in early 2020.

	< \$4000	\$4,001 to \$10,000	\$10,001 to \$18,000
C Mallon (Chair)		x	
K Adams		x	
T Baker		x	
D Fawcett		x	
D Fisher		x	
N Marsters		x	
M Tarrant		x	
M Winder		x	
*Gross income – includes resident withholding tax			

2. Secretariat



As the midwifery regulator, the Council is responsible for protecting the health and safety of the public by ensuring that midwives both maintain and enhance the competence they demonstrated in order to be registered

Chief Executive's report 2019/2020

Tēnā koutou katoa. It is a pleasure to present this annual report. I commenced as Chief Executive in December 2019 and it is an honour to hold this role. Midwives continue to work at the forefront of the maternity services and were pivotal in providing care to women and their whanau as Aotearoa New Zealand entered level four lockdown.

The secretariat has continued enhancing and refining our core processes. Work began in earnest on the implementation of a single cloud-based engagement management system, with roll out scheduled for late 2020.

As the regulator for midwives it is essential that the regulatory framework that sits around the profession reflects contemporary society and is responsive to the needs of women. Work on the review of the scope of practice, competencies and pre-registration education standards commenced in 2020 with the launch of the Aotearoa Midwifery Project, the appointment of a project manager and two Co-chairs - one Tangata Whenua and one Tauwiwi - to lead a Collaborative Reference Group. This group will provide expert guidance about the project to the Council. The Council is mindful of changes to the HPCA Act which require that the workforce has competencies that enable effective and respectful interaction with Maori and work has begun to review and consider what this means for the Council and secretariat and also midwives in practice.

The numbers of practising midwives

The numbers of practising midwives continue to be a focus and the Council's practising certificate statistics show that again the

numbers of midwives who have been granted practising certificates during 2019-2020 has slightly increased. It is interesting to note the number of midwives who have successfully completed return to practice programmes during 2019-2020. Although still relatively small completions have almost doubled during this time.

Registration of New Zealand midwives continues to be a key priority and strategy to increase the numbers of midwives in the workforce. Victoria University of Wellington sought and was granted accreditation and approval of its pre-registration programme of midwifery education in late 2019. The first cohort of students commenced the programme in February 2020 and are expected to graduate in 2023.

Having identified that programme structure may be a barrier to successful course completion, changes were made to the pre-registration programmes standards in 2019.

The Council continues to work with the Nursing and Midwifery Board of Australia on a project to establish a joint framework for an outcomes-based assessment system to determine competence to practise for some internationally qualified midwives (IQMs) with roll out due in 2020.

Protecting the health and safety of the public

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

The Council is accountable to the public, the Government and to midwives and this responsibility and accountability is at the forefront of its decision making.

During 2019/20, the Council received 43 notifications of concern about a midwife's practice. In these cases, the Council first determines if it is necessary to formally review a midwife's competence. When it determines there is a need, a review process is undertaken with terms of reference tailored to meet the requirements. The Council does not investigate the particular case as this is the function of the Health and Disability Commission.

The Council continues to receive many health or fitness to practise notifications. While many are for short term conditions others relating to stress/anxiety, long term conditions and cognitive impairment require more active management by the Council. Many notifications are self-disclosed by the midwives.

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

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

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

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

The work of the secretariat

Business as usual, that is the work flowing from the Council's statutory processes, remains at a high level of activity.

I commenced as Chief Executive in December 2019 and it is an honour to hold this role.



Moving to a new database will mean that work will need to continue on business process and redesign. This will impact on the workflows within the secretariat. An operations manager was appointed in June 2019 to manage workflow and to prepare the secretariat for the system.

With changes in the HPCA Act the Council will be required to undergo a performance review. During 2019-2020 work has continued by a subset of all responsible authorities and the Ministry around the terms of reference and core standards for the reviews. Once these have been developed a timeline for reviews will occur. Although there is no indication at this time, all first reviews must occur before April 2022.

Developing a naming policy

Another change in the Act has been the requirement for all responsible authorities to develop a naming policy. In late 2019, a consultation was undertaken on the Council's proposed policy. The purpose of the policy is to define the criteria that will be applied by the Council when deciding to publish an order about a midwife's practice and to describe the process that is followed. The policy was approved by the Council at its meeting in January 2020.

The Council and secretariat were saddened by the sudden death of Judith Norman in 2019. Judith had been a staff member for many years and had developed relationships with midwifery educators and stakeholders around New Zealand. The unexpected death of its legal advisor Renee Riddell Garner in May 2019 also took its toll and required the Council to consider new ways of obtaining advice.

The new staff structure and the appointment of a new Chief Executive at the end of 2019 has meant that the secretariat has undergone a significant change during this time. I wish to acknowledge the staff who have adapted to this change and who continue to provide excellent service.

Ngā manaakitanga,

Dr Sue Calvert
Chief Executive and Registrar

Registration of, and Practising Certificates for, midwives

a. Scopes of practice

The Council has the responsibility to:

- specify the midwifery scope of practice

For the year to 31st March 2020 there was only one scope of practice. No amendments were made to the scope however the Council agreed that the provision of abortion services to women sat within the midwifery scope. As a consequence of this decision, work will commence on prescribing the education required for midwives who chose to provide these services.

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 Institute of Canterbury and Otago Polytechnic.

The Council accredited Victoria University of Wellington as the fifth provider of pre-registration midwifery education during 2019 with the first cohort of students entering the programme in 2020 and ultimately the workforce in late 2023.

During the 2018 accreditation process it was identified that providing the degree programme over an extended academic year could potentially impact on student wellbeing.

As a result, the Council consulted on some changes to the pre-registration education standards. As a consequence of the consultation schools now have the option to provide the programme of education over four academic years.

Both Victoria University of Wellington and AUT gained approval to provide the degree over a traditional four year academic pathway. In addition, AUT has retained its ability to provide the degree over an extended academic year pathway.

National Midwifery Examination

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

Traditionally graduates from schools of midwifery were only able to sit the exam at one of three sittings during each year. Sittings were scheduled to align with course completion from the schools of midwifery and occurred in December, March and July. This meant if a student was delayed in completing their programme of education that there was also a delay in completing this requirement and then entering the Register.

During 2019 the Council progressed a project to deliver the National Exam online.

The exam is now outsourced to a provider for delivery and this has meant that students are able to sit the exam once they have formally completed their programme of education and the Council has been notified of this. While large groups continue to sit in December, March and July, individual sittings occur during the year. Results are usually available within 48 hours of the candidate sitting the exam which is a significant improvement.

This has significantly improved the time taken for registration to occur and this is highlighted in 2020 as there are two cohorts of AUT graduates captured in the registration data.

c. Registration

The Council has the responsibility to:

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

Internationally Qualified Midwives

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



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

Table 1: Applications for registration decided in the 2019 – 2020 year

	HPCAA section	Numbers	Outcomes		
			Registered	Registered with conditions	Not registered
Total	15	251	-	243	8
Reasons for non-registration*	-	-	-	-	-
Qualifications did not meet required standard	15b	2	-	-	-
Did not meet the competencies for practice	15c	3**	-	-	-

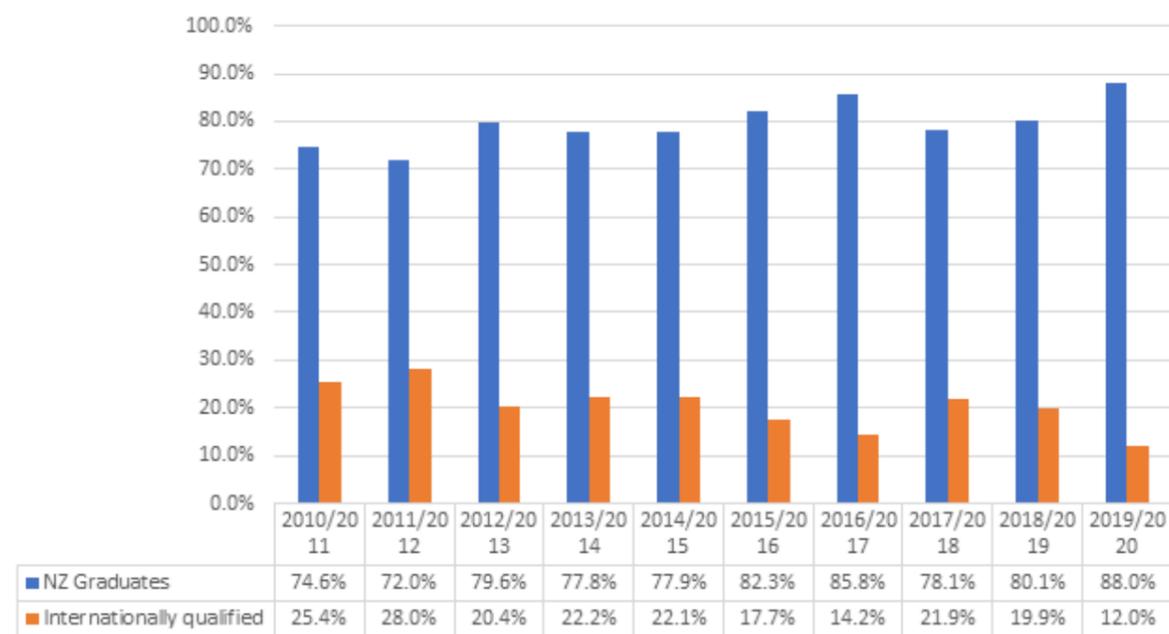
* All New Zealand graduate midwives are registered with the condition they complete the Midwifery First Year of Practice programme. All Internationally Qualified Midwives are registered with the condition they complete the Overseas Competence Programme within two years of being issued with their first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

** three applicants ceased contact

Table 2: Number of Midwives registered between 1 April 2019 and 31 March 2020 with comparisons with previous years

Type/Year	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
NZ graduates	149	133	147	134	130	127	146	173	214
Australian TTMRA*	12	8	13	15	22	11	19	24	13
Internationally qualified	46	26	29	23	6	10	22	19	16
Total	207	167	189	172	158	148	187	216	243

Table 3: Percentage of registrations between 1 April 2010 and 31 March 2019 with comparisons with previous years: New Zealand graduates compared to all internationally qualified midwives



Midwives in their first year of practice

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

The Council receives high level reports from the MFYP programme. These show the number of midwives who have successfully completed the programme, the DHB in which they practise as LMCs or as core midwives.

While the Council does not register internationally qualified midwives with less than two years clinical practice it does register those graduates who enter the register via the TTMRA.

Since November 2014, the Council has required any new graduates registering under TTMRA to also complete the MFYP programme. It is the Council's expectation that internationally qualified midwives enrolled in the MFYP will prioritise the Overseas Competence Programme education requirements and that these are completed as part of completion of MFYP.

In addition to completion of the MFYP, the Council also receives reports from employers about the competence of Australian-qualified new graduates.

Notifications about midwives in their first year of practice

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

This analysis shows there have been 16 notifications between 2004 and 31 March 2020 and of these, 8 have been found to have competence issues. During this time, 2143 new graduates have been entered onto the Register of 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)
- Treaty of Waitangi
- Cultural Competence

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

Mentors are required to furnish the Council with regular reports about this transition and are expected to alert the Council to any possible issues.

Mentoring is for the minimum of one year. Conditions are placed on the midwife's APC while they complete this education. These conditions prohibit certain activities for example prescribing until successful completion of the necessary education occurs.

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

As at 31 March 2020, more midwives (3,382) held practising certificates than any year since 2004/05. The number of new graduate midwives entering the workforce showed an increase to 214 however this is due to capturing two cohorts of AUT graduates in one registration year. The number of midwives who held practising certificates at 30 April 2020 was only marginally smaller than those at 31st March.



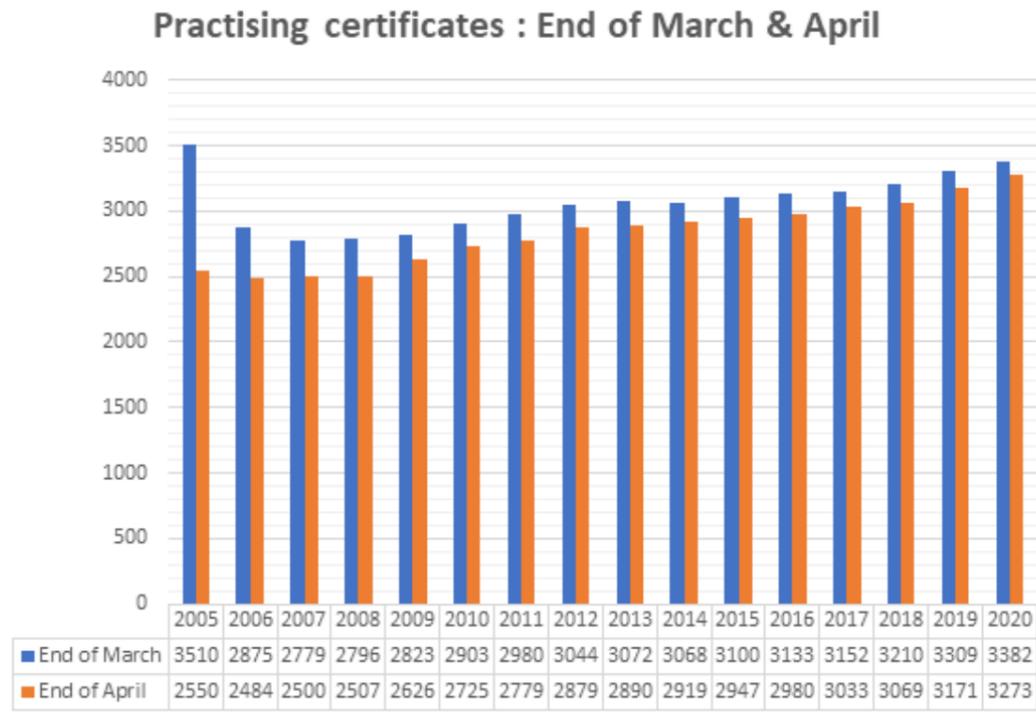
Table 4: Applications for an annual practising certificate 2019/20

	HPCCA Section	Number	Outcomes			
			APC no conditions	APC with conditions	Interim	No APC**
Total *	-	3,422	3,148	231	43	-
Reasons for non-issue of Practising Certificate	-	-	-	-	-	-

* Some midwives held more than one practising certificate during the period – typically in these cases one or more interim practising certificates were granted followed by an annual practising certificate. 3,422 practising certificates were issued to 3,382 individual midwives during the period.

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

Table 5: Comparative figures of midwives holding a practising certificate at the end of March 2020 and at 30 April 2020



Return to Practice Programme

The Council has the responsibility to:

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

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

The current Return to Practice programme requirements for all midwives consist of a mixture of education, clinical practice upskilling and mentorship. The requirements vary depending on the length of time that a midwife has been out of practice. In some

cases midwives are required to undergo a competence assessment with a school of midwifery in order that a tailor made plan can be developed. This is usually for those midwives who have been out of practice for more than 10 years.

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

Table 6: Number of formal Return to Practice programmes finished each year between 2005/2006 and 2019/2020



Fees

Following a consultation in 2019 all fees increased in February 2020. There was a marginal increase in APC fees and the fee is now \$425. Midwives also pay a disciplinary levy of \$50.



Return to New Zealand practice

In 2015 the Council introduced a return to New Zealand practice programme for those midwives who have been practising overseas and who wish to return to practice in New Zealand.

This programme is a reorientation to New Zealand practice and includes a programme of education aimed at upskilling midwives on New Zealand specific issues.

While a number of education programmes are listed as requirements midwives have the ability to apply for exemptions to certain courses if they can prove that they have the required knowledge.

In 2019-2020 15 midwives successfully completed this programme



3. Competence, fitness to practise, and quality assurance

The Council has the responsibility to:

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

a. Performance

The Council encourages midwives to engage in a process of self-reflection and professional development which will improve standards of midwifery care and contribute to quality improvement in the midwifery workforce.

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

The Council draws on a pool of experienced midwives who are selected to undertake reviews

Competence reviews

There were 10 stage 2 competence reviews and two stage 1 reviews undertaken by the Council in 2019-2020. The tools commonly used in reviews include viva testing in which components of clinical competence such as history taking, physical examination, documentation, communication, reference to evidence based practice, referral guidelines and professional behaviour as well as clinical skills are assessed against standards of competence expected of a midwife. The Council appoints two reviewers for a stage two review, one who is an educator skilled in assessment of competence and one who is representative of the practice context of the midwife undergoing the review. The Council has a pool of experienced midwives who are selected to undertake the reviews.

Members of competence review panels during the 2019-2020 year were:

Alison Andrews	Claire Hotchin
Janine Clemons	Marion Hunter
Susan Crabtree	Nicola Jackson
Siobhan Connor	Teresa Krishnan
Robin Cronin	Debbie McGregor
Rebecca Hay	Adrienne Priday
Caroline Hever	Ngarangi Pritchard
Rae Hickey	Mahia Winder

Table 7: Competence referrals

Source	HPCAA Section	Number
Health Practitioner (Under RA)	34 (1)	26
Health and Disability Commissioner	34 (2)	8
Employer	34 (3)	1
Other	-	8
Total	-	43

Table 8: Outcomes of competence referrals

Outcomes	HPCCA Section	Number			
		Existing (at 1 April 2019)	New	Closed	Still active
No further action	-	Not applicable			Not applicable
(Total number) Initial inquiries	-	52	43	30	56
Notification of risk of harm to public	35	-	-	-	-
Orders concerning competence	38	17	11	10	18
Interim suspensions/ conditions	39	1	2	1	2
Competence programme	40	5	11	4	12
Recertification programme	41	-	-	-	-
Unsatisfactory results of competence or recertification programme	43	-	-	-	-

b. Recertification/continuing competence

Recertification Programme

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

Currently, the combined emergencies skills day remains an annual requirement. Rather than specifying certain continuing education, the Council accepts education

which has direct relevance to the midwife's professional role and which enhances and leads to development of her practice as meeting this requirement.

Annual reports received from accredited providers demonstrate the amount and diversity of education that is provided across New Zealand for midwives.

The components of the Recertification Programme until 31 March 2021 are:

- **Declare competence to practise within the Midwifery Scope of Practice (annually on application for APC)**
- **Practise across the Scope over a three-year period**
- **Maintain a professional portfolio containing information and evidence about practice, education and professional activities over each three-year period**
- **Complete the annual combined emergency skills day that includes maternal and neonatal resuscitation and maternity emergencies**
- **Complete 8 hours per year of both professional activities and continuing midwifery education**
- **Participate in New Zealand College of Midwives Midwifery Standards Review Process (MSR) at least once every three years****

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

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

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

Midwifery Standards Review

All midwives are expected to undertake Midwifery Standards Review three yearly although this may be shortened with a further review being required in six or twelve months. Some classes of midwives for example new graduates and newly registered internationally qualified midwives are required to complete this process at more frequent intervals.

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

performance appraisal. Consumer feedback and participation are an integral part of Midwifery Standards Review. The Council has contracted the College of Midwives to provide reviews.

Cultural Competence

The Statement on Cultural Competence which explains how culturally competent midwives must draw on the three frameworks of Midwifery Partnership, Cultural Safety and Tūranga Kaupapa in building and maintaining relationships with women, was formally adopted by the Council in 2011.

In 2012, Otago Polytechnic made available a cultural competence course for internationally qualified midwives to provide them with the knowledge and skills required to achieve the Competencies for Entry to the Register of Midwives that relate to cultural competence in the New Zealand context. Completion of both this course and a Treaty of Waitangi workshop is compulsory for all internationally qualified midwives within two years of commencing practice in New Zealand.

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

c. Health/fitness to practise

The Council has the responsibility to:

- protect the public by ensuring midwives are fit to practise

The Council received 19 new notifications of concern about a midwife's health which had affected her practice. In April 2019, 4 midwives remained under health monitoring following referrals in previous years. As at 31 March 2020, 29 midwives were under health monitoring.

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

Table 9: Notifications of inability to perform required functions due to mental or physical (health) condition

Source	HPCCA Section	Numbers			
		Existing (at 1 April 2019)	New	Closed	Still active
Health service	45 (1) a	2	-	2	-
Health practitioner	45 (1) b	3	1	-	4
Employer	45 (1) c	8	4	6	6
Medical officer or health	45 (1) d	-	-	-	-
Any person	45 (3)	44	14	39	19
Person involved with education	-	-	-	-	-

Table 10: Outcomes of health notifications

Outcomes	HPCAA Section	Number of practitioners
No further action	-	-
Order medical examination	49	11
Interim suspension*	48	1
Conditions	48	12
Restrictions imposed	50	5

d. Quality assurance activities

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



4. Complaints and discipline

The Council has the responsibility to:

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

a. Complaints

The Council received 5 notifications which involved the conduct of midwives.

Table 11: Complaints re conduct from various sources and outcomes during 2019 – 2020 year

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

* One complaint referred to three midwives

b. Professional Conduct Committees

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

Members of Professional Conduct Committees during the 2019-2020 year were:

Sandy Gill (Chair)	Kay Faulls
Bernard Kendall (Chair)	Andrea Vincent
Joyce Croft	

Table 12: Professional Conduct Committee cases

Nature of issue	Source	Number	Outcome
Fraudulent claiming	MOH	1	Ongoing
Concerns about standards of practice	Employer	1	Ongoing
Notification of conviction	Self	1	Ongoing
Theft	-	-	-
Conduct	Consumer	3*	Ongoing
Practising outside scope	-	-	-
Practising without annual practising certificate	-	-	-

* One case that involved three midwives

c. Health Practitioners Disciplinary Tribunal

There were no cases that involved a midwife during 2019-2020.

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

d. Code of Conduct

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

5. Appeals and judicial reviews

There were no appeals or judicial reviews of decisions made by the Council in 2019/2020.



6. Linking with stakeholders

The Council has the responsibility to:

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

eMidpoint

The Council published its regular electronic newsletter eMidpoint. As well as being sent by email to all midwives and other stakeholders, the newsletter is also published on the Council's website. There were increased communications to midwives as New Zealand entered alert level 4.

Be Sure

The Council published three new Be Sure document on the topics; 1 What to know when you're pregnant, 2 Questions for your midwife and 3 Annual Practising Certificates.

New Zealand College of Midwives

The College is a membership organisation and it supports midwifery practice. The Council has regular face to face meetings with College as both organisations

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

Ministry of Health

The Council has met with the Maternity Advisors and Maternity Team on a number of occasions during the year. It also met with Health Workforce New Zealand and the Health Quality and Safety Commission. The Council has proactively worked with analysts within the Health Workforce team to ensure that the ministry has robust and accurate workforce data. Engagement with the Ministry increased significantly at the time of COVID and the transition to Level 4 lockdown.

Health Workforce New Zealand: Midwifery Strategic Advisory Group

The Midwifery Strategic Advisory Group was established to provide strategic advice and guidance to the Ministry of Health and the sector to ensure a sustainable and supported midwifery workforce now and in the future. The Council's representatives on this group during 2019 were Chris Mallon and Dr Susan Calvert.

Health Workforce is now a separate unit within the Ministry, and in early 2020 work began on performance reviews of Responsible Authorities.

Ministry of Health: National Maternity Monitoring Group

The Council has no representatives on the NMMG. The NMMG was established in 2012 as an advisory group to the Director-General of Health. It provides oversight and review of national maternity standards, analysis and reporting and provides advice



to the Ministry of Health (the Ministry) and District Health Boards (DHBs) on priorities for improvement in maternity services.

District Health Boards

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

ACC

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

Australian Nursing – Nursing and Midwifery Board of Australia

The Council has a Memorandum of Understanding with the NMBA to work closely over policy and professional issues relating to the regulation of midwives. The Council has been managing a joint project on an outcomes based assessment Framework for Internationally Qualified Midwives. This is due for completion in 2020.

Australian Nursing and Midwifery Accreditation Council

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

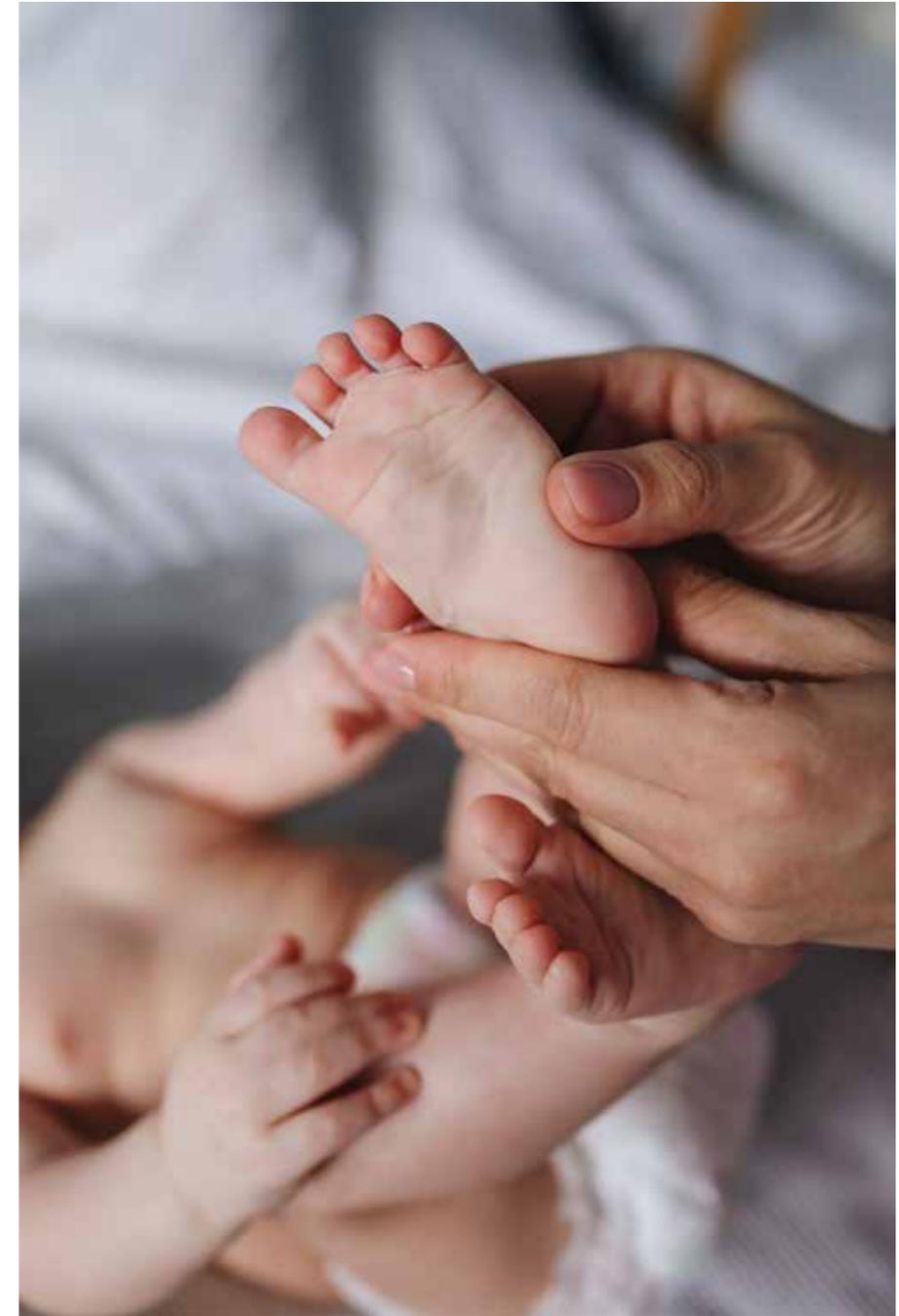
South Pacific Chief Nursing and Midwifery Officers Alliance (SPCNMOA)

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



Health Regulatory Authorities New Zealand Collaborations

HRANZ provides a forum for all the health regulatory authorities to share information and to work on matters of common interest in carrying out our roles under the Act. The Council has actively participated in HRANZ, particularly focusing on amendments to the Health practitioners Competence Assurance Act and the Access to Secondary Legislation project. HRANZ was disestablished as a formal entity in 2019, however Chief Executives and Registrars of the RA continue to meet to discuss matters of common interest.



7. Finance

MIDWIFERY COUNCIL OF NEW ZEALAND PERFORMANCE REPORT FOR THE YEAR ENDED 31 MARCH 2020

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MIDWIFERY COUNCIL OF NEW ZEALAND

Entity Information

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

FOR THE YEAR ENDED 31 MARCH 2020

Legal Name of Entity: THE MIDWIFERY COUNCIL OF NEW ZEALAND

Type of entity and Legal Basis : The Midwifery Council of New Zealand (the Council) is a body corporate established by the Health Practitioners Competence Assurance Act 2003 (HPCAA) and is a Responsible Authority under that Act. 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. Accredite and monitor midwifery educational institutions and programmes.
3. Maintain a public Register of midwives who have the required qualifications and are competent and fit to practise.
4. Issue annual practising certificates (APCs) to midwives who maintain their competence.
5. Establish programmes to assess and promote midwives' ongoing competence.
6. Deal with complaints and concerns about midwives' conduct, competence and health.
7. Set the midwifery profession's standards for clinical and cultural competence and ethical conduct.
8. Promote education and training in midwifery.
9. Promote public awareness of the Council's responsibilities.

Entity Structure:

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

Main Sources of the Entity's Cash and Resources:

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

Additional Information:

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

General Description of the Entity's Outputs

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

Contact Details

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

Phone: 04 - 4995040

Email: info@midwiferycouncil.health.nz

Website: www.midwiferycouncil.health.nz



**MIDWIFERY COUNCIL OF NEW ZEALAND
STATEMENT OF FINANCIAL PERFORMANCE
"How was it funded?" and "What did it cost?"
FOR THE YEAR ENDED 31 MARCH 2020**

	Notes	2020 \$	2019 \$
REVENUE			
APC fees		1,105,855	1,080,381
Disciplinary levy		146,957	144,310
Disciplinary penalties		12,080	23,316
Examination fees		26,435	29,739
Interest income		40,947	44,481
Other income		62,131	135,916
Registration fees		76,410	71,587
Total Revenue		1,470,814	1,529,730
LESS EXPENDITURE			
Board & committees	1	322,310	246,498
Secretariat	2	1,184,174	1,260,412
Disciplinary expenses	3	24,795	63,968
Total Expenditure		1,531,279	1,570,878
Net Surplus/(Deficit)		(60,465)	(41,148)

**MIDWIFERY COUNCIL OF NEW ZEALAND
STATEMENT OF MOVEMENT IN EQUITY
FOR THE YEAR ENDED 31 MARCH 2020**

	2020 \$	2019 \$
Accumulated funds at the beginning of period	836,764	877,912
Net surplus/(deficit) for the period	(60,465)	(41,148)
Accumulated funds at the end of period	776,299	836,764

The attached notes form part of these financial statements.

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**MIDWIFERY COUNCIL OF NEW ZEALAND
STATEMENT OF FINANCIAL POSITION
"What the entity owns?" and "What the entity owes?"
AS AT 31 MARCH 2020**

	Notes	2020 \$	2019 \$
CURRENT ASSETS			
Cash and cash equivalents		690,538	515,160
Investments		1,672,476	1,646,097
Accounts receivable	6	8,576	21,083
Prepayments		17,321	10,387
TOTAL CURRENT ASSETS		2,388,911	2,192,727
NON-CURRENT ASSETS			
Fixed assets	4	33,100	42,086
Intangible assets	4	39,094	43,115
Artwork		5,500	5,500
TOTAL NON CURRENT ASSETS		77,694	90,701
TOTAL ASSETS		2,466,605	2,283,428
CURRENT LIABILITIES			
Accounts payable		127,645	60,406
Accrued expenses		14,080	14,225
GST due for payment		166,772	156,663
Employee costs payable	7	56,093	54,703
Income received in advance	5	1,309,430	1,143,022
Withholding Tax payable		16,285	17,646
TOTAL CURRENT LIABILITIES		1,690,306	1,446,664
TOTAL LIABILITIES		1,690,306	1,446,664
NET ASSETS		776,299	836,764
Represented By: EQUITY	8	776,299	836,764

For and on behalf of the council.

Christina Mallon
Chairperson

Date: 25/4/20'

Susan Calvert
CE & Registrar

Date: 25/4/20

The attached notes form part of these financial statements.

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**MIDWIFERY COUNCIL OF NEW ZEALAND
STATEMENT OF CASH FLOWS
"How the entity has received and used cash"
FOR THE YEAR ENDED 31 MARCH 2020**

	2020	2019
	\$	\$
Cash Flows from Operating Activities		
<u>Cash was received from:</u>		
Statutory Fees and Levies	1,428,432	1,241,502
Registration Income	76,410	71,587
Other Fees	97,783	172,612
Interest Revenue	47,067	42,896
<u>Cash was applied to:</u>		
Payments to Suppliers & Employees	(1,415,631)	(1,481,052)
Net Cash Flows from Operating Activities	<u>234,060</u>	<u>47,545</u>
Cash Flows from Investing and Financing Activities		
<u>Cash was received from:</u>		
Sales of fixed assets	609	436
Short-term Investments	0	21,274
<u>Cash was applied to:</u>		
Purchase of Fixed Assets	(32,912)	0
Short-term Investments	(26,379)	0
Net Cash Flows from Investing and Financing Activities	<u>(58,682)</u>	<u>21,710</u>
Net Increase / (Decrease) in Cash	<u>175,378</u>	<u>69,255</u>
Opening Cash Brought Forward	515,160	445,905
Closing Cash Carried Forward	<u>690,538</u>	<u>515,160</u>
Represented by:		
Cash and Cash Equivalents	690,538	515,160

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**MIDWIFERY COUNCIL OF NEW ZEALAND
STATEMENT OF ACCOUNTING POLICIES
"How did we do our accounting?"
FOR THE YEAR ENDED 31 MARCH 2020**

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

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

IMPAIRMENT

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

INTANGIBLE ASSETS

Software and Website Costs have a finite useful life. Software and Website Costs are capitalised and written off over their currently estimated useful lives of 4 years on a straight line basis.

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**MIDWIFERY COUNCIL OF NEW ZEALAND
STATEMENT OF ACCOUNTING POLICIES
"How did we do our accounting?"
FOR THE YEAR ENDED 31 MARCH 2020**

STATEMENT OF ACCOUNTING POLICIES (continued)

INCOME TAX

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

INVESTMENTS

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

GOODS & SERVICES TAX

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

LEASES

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

CASH AND CASH EQUIVALENTS

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

EMPLOYEE ENTITLEMENTS

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

CHANGES IN ACCOUNTING POLICIES

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

COMPARATIVES

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



**THE MIDWIFERY COUNCIL OF NEW ZEALAND
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2020**

	NOTE	2020 \$	2019 \$
1. BOARD & COMMITTEES			
Conferences		3,336	34,757
Fees		86,050	75,140
Meeting expenses, training ,travel & others		43,408	36,375
Projects		189,516	100,226
		<u>322,310</u>	<u>246,498</u>
2. SECRETARIAT			
Audit fees		8,462	8,288
Depreciation & amortisation	4	45,311	45,052
Legal costs		6,611	43,930
Occupancy costs		116,682	114,604
Other costs		162,797	153,563
Personnel costs		712,750	705,269
Professional fees		113,742	170,924
Telephone, Postage & Printing and Stationery		17,820	18,782
		<u>1,184,174</u>	<u>1,260,412</u>
3. DISCIPLINARY EXPENSES			
Professional Conduct Committee expenses		24,758	12,235
Health Practitioners Disciplinary Tribunal expenses		38	51,733
		<u>24,795</u>	<u>63,968</u>



MIDWIFERY COUNCIL OF NEW ZEALAND
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2020

4. PROPERTY, PLANT & EQUIPMENT AND INTANGIBLE ASSETS

At 31 March 2020	Opening Carrying Value	Current Year Additions	Current Year Disposals/ Sales	Net Depreciation, Amortisation & Impairment	Closing Carrying Value
Furniture & fittings	16,625	1,187	0	(3,349)	14,463
Computer equipment	15,611	5,433	(1,646)	(5,472)	13,926
Office refit	9,850	0	0	(5,139)	4,711
Total Property, Plant & Equipment	42,086	6,620	(1,646)	(13,960)	33,100
Database & Website software	43,115	26,292	0	(30,313)	39,094
Total Intangible Assets	43,115	26,292	0	(30,313)	39,094

At 31 March 2019	Opening Carrying Value	Current Year Additions	Current Year Disposals/ Sales	Net Depreciation, Amortisation & Impairment	Closing Carrying Value
Furniture & fittings	19,962	0	0	(3,337)	16,625
Computer equipment	22,626	0	(501)	(6,514)	15,611
Office refit	14,989	0	0	(5,139)	9,850
Total Property, Plant & Equipment	57,577	0	(501)	(14,990)	42,086
Database & Website software	73,112	0	0	(29,997)	43,115
Total Intangible Assets	73,112	0	0	(29,997)	43,115

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MIDWIFERY COUNCIL OF NEW ZEALAND
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2020

	2020	2019
	\$	\$

5. INCOME IN ADVANCE

Fees received relating to next year		
APC fees	1,169,213	1,012,935
Discipline Levy	140,217	130,087
	<u>1,309,430</u>	<u>1,143,022</u>

6. ACCOUNTS RECEIVABLE

Accounts receivable	68,298	97,972
Doubtful Debts	(63,357)	(86,644)
Accrued income	3,635	9,755
	<u>8,576</u>	<u>21,083</u>

7. EMPLOYEE COSTS PAYABLE

PAYE owing	15,348	12,735
Holiday pay accrual	28,152	36,179
Kiwisaver contributions owing	6,079	4,951
Extra Week Salary	5,546	0
Student loan owing	968	838
	<u>56,093</u>	<u>54,703</u>

8. EQUITY

General Reserve (Accumulated surpluses with unrestricted use)		
Balance at 01 April	729,272	874,078
Surplus/(Deficit) for year	(194,707)	(144,806)
Balance at 31 March	<u>534,566</u>	<u>729,272</u>

Discipline Reserve

Balance at 01 April	107,492	3,834
Levies received	159,037	167,626
Discipline Costs	(24,795)	(63,968)
Balance at 31 March	<u>241,733</u>	<u>107,492</u>

Total Reserves

	776,299	836,764
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General reserve is used for operating expenses;

Discipline reserve is used for the Professional Conduct Committees (PCC) and Health Practitioners

Disciplinary Tribunal (HPDT) costs.

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**MIDWIFERY COUNCIL OF NEW ZEALAND
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2020**

9. COMMITMENTS

The Council has an agreement with Nursing Council of New Zealand for the provision of back office corporate services. The Service Level Agreement is for an initial period of five years. The future estimated commitments based on the expected costs including in this agreement as at 31 March 2020 are: property \$34,824; corporate services \$66,205; total \$101,029.

	2020	2019
	\$	\$
Due in 1 year	59,312	66,205
Due between 1-2 years	0	59,494
	<u>59,312</u>	<u>125,699</u>

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

	2020	2019
	\$	\$
Due in 1 year	31,198	34,824
Due between 1-2 years	0	31,293
	<u>31,198</u>	<u>66,117</u>

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

10. RELATED PARTY TRANSACTIONS

Total remuneration paid to the council-members during the year is as follows.

	2020	2019
	\$	\$
Debbie Fisher	4,050	3,855
Christina Mallon	7,510	9,796
Deborah Fawcett	4,880	5,250
Mahia Winder	5,060	2,850
Theodora Baker	5,425	1,550
Kerry Adams	5,765	9,330
Ngatepaeru Marsters	5,845	5,530
Melanie Tarrant	6,740	3,380
Annette Black	0	1,950
Brownwen Golder	0	2,400
Judith McAra-Couper	0	2,350
	<u>45,275</u>	<u>48,241</u>

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**MIDWIFERY COUNCIL OF NEW ZEALAND
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2020**

11. CONTINGENT LIABILITIES

There were no contingent liabilities or guarantees as at balance date (2019: \$Nil).

12. CREDIT CARD FACILITY

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

13. CAPITAL COMMITMENTS

There are no capital commitments at balance date. (2019: \$Nil)

14. EVENTS AFTER BALANCE DATE

There were no events that have occurred after balance date that would have a material impact on the Performance Report. (2019 \$Nil)

15. SHARED SERVICES

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

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

16. COVID-19 IMPACT

On 11 March 2020, the World Health Organisation declared the outbreak of COVID-19 (a novel Coronavirus) a pandemic. Two weeks later, on 26 March, New Zealand increased its COVID-19 alert level 4 and a nationwide lockdown commenced. As part of this lockdown all staff were required to work from home until level two which came into effect on 11 May 2020.

At the date of issuing the financial statement, the Board has been able to absorb the majority of the impact from the nationwide lockdown.

However, economic uncertainties have arisen which may have a financial impact on the Board:

- 1) The potential loss of income from registered practitioners not renewing their Annual Practising Certificate. This impact is currently low as most have already renewed for the 2020-2021 year.
- 2) The potential loss of income from new registrations caused by the delay of students not completing their qualification in this year. However, with the move to level 1 it appears that students should not be impacted. The situation will continue to be monitored.
- 3) Increased expenditure for the Board to develop and publish guidance plans for practitioners on how to work under the restrictions imposed by COVID-19 and plans to minimize the impact on staff.
- 4) Additional expenditure, however, has been offset due to less travel costs and cancellation of overseas conferences.

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**INDEPENDENT AUDITOR'S REPORT
TO THE READERS OF
MIDWIFERY COUNCIL OF NEW ZEALAND
PERFORMANCE REPORT FOR THE YEAR ENDED 31 MARCH 2020**

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

Opinion

We have audited the performance report of the Midwifery Council of New Zealand, that comprise the entity information, the statement of financial position as at 31 March 2020, the statement of financial performance, the statement of movements in equity and statement of cash flows for the year ended on that date and the notes to the performance report that include accounting policies and other explanatory information.

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

- the entity information,
- its financial position as at 31 March 2020; and
- its financial performance and cash flows for the year then ended; and
- comply with generally accepted accounting practice in New Zealand and have been prepared in accordance with Public Benefit Entity Simple Format Reporting – Accrual (Public Sector).

Our audit was completed on 25 August 2020. This is the date at which our opinion is expressed.

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

Basis of opinion

We carried out our audit in accordance with the Auditor-General's Auditing Standards, which incorporate the Professional and Ethical Standards and International Standards on Auditing (New Zealand) issued by the New Zealand Auditing and Assurance Standards Board. Our responsibilities under those standards are further described in the Responsibilities of the Auditor section of our report.

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

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

Impact of Covid-19

Without modifying our opinion, we draw attention to the disclosures about the impact of Covid-19 on the Council as set out in Note 16 to the performance report.

Responsibilities of the Council for the performance report

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

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

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

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

Responsibilities of the auditor for the audit of the performance report

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

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

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

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

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

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



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

Independence

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

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

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

8. Contact details

Secretariat

Staff members of the Midwifery Council at 31 March 2020 were:

Chief Executive and Registrar:	Susan Calvert
Deputy Registrar:	Vacant
Aotearoa Midwifery Project Manager :	Karina Kwai
Policy and Risk Advisor:	Leon Mitchell
Operations Manager:	Justin Murrell
Programmes Advisor:	Haare Stewart-Shaw
Registration/Education Advisor:	Christine Whaanga
Notifications Advisor:	Trudy Rook
Midwifery Project Advisor:	Nicky Jackson (.2 FTE)
Administration Project:	Jess Seikmann (contracted position)

Midwifery advisors

Jacqui Paine, Siobhan Connor, Michelle Thomas

Legal advisors

Matthew McClelland	Luke Cunningham Clare
Harbour Chambers	PO Box 10357
PO Box 10-242	Wellington 6143
The Terrace	
Wellington 6143	

Bankers

Westpac
PO Box 691
Wellington 6011

Communications advisor

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

All correspondence to the Council should be addressed to:

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PO Box 9644	Tel: (04) 499 5040
Marion Square	Fax: (04) 499 5045
Wellington 6141	



Midwifery Council
Te Tatau o te Whare Kahu