



ANNUAL REPORT
OF THE
MIDWIFERY COUNCIL OF NEW ZEALAND
TO THE MINISTER OF HEALTH

FOR THE YEAR TO 31 March 2005

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

Minister of Health
Parliament Buildings
Wellington

Dear Minister

In accordance with the requirements of the Health Practitioners Competence Assurance Act 2003, I am pleased to enclose the Report of the Midwifery Council for the period ending 31 March 2005.

Yours sincerely



Sally Pairman
Chairperson
Midwifery Council

CHAIR PERSON'S FOREWORD

This report highlights the Council's activities since 1 April 2004. Whilst established under the Health Practitioners Competence Assurance Act 2003 (HPCAA) in December 2003, the Midwifery Council took over full responsibility for the regulation of midwives from the Nursing Council on 18 September 2004.

The Council was officially 'launched' on that day by Steve Chadwick, Member of Parliament, Chair of the Health Select Committee, and midwife, at the New Zealand College of Midwives biennial conference in Wellington.

It was fitting that the Health Practitioners Competence Assurance Act 2003 came into force in 2004, 100 years after midwifery was first regulated in New Zealand. Despite 100 years of regulation, New Zealand midwives have never before had full responsibility for midwifery regulation. The 1904 Midwives Act did not establish a council. Instead the Registrar (a doctor) had responsibility for managing the regulatory functions. Then in 1925 the Nurses and Midwives Act combined the two professions in one piece of legislation and established the single Nurses and Midwives Board on which there were only a small number of midwife representatives. The 1971 Nurses Act removed the word 'midwife' from the title and midwifery was regulated mainly by nurses. The HPCAA has established the first Midwifery Council and midwifery is now a self-regulating profession.

This first full year has been a busy one for the Midwifery Council as we have consulted widely with key stakeholders and developed policies and processes necessary to the enactment of our role.

I wish to thank all members and staff for their hard work and commitment.



Sally Pairman
Chairperson

GOVERNANCE

Council membership

The Council has a diverse membership which collectively covers self-employed midwifery, core midwifery, midwifery education, maternity consumer perspectives, and Maori perspectives. This wealth of experience has proved invaluable in establishing and implementing a policy framework for the regulation of midwives to protect the public.

The members of the Council are:

- Sally Pairman, Chair, Head of School of Midwifery and Health Group Manager at Otago Polytechnic;
- Sharron Cole, Deputy Chair and lay member, President of Parents Centre New Zealand, Deputy Chair of the Families Commission, member of the Hutt Valley District Health Board and member of a number of other statutory committees in health related areas;
- Sue Bree, self-employed midwife from Northland;
- Rea Daellenbach, a lay member, teacher in the Bachelor of Midwifery programme at Christchurch Polytechnic Institute of Technology;
- Mina Timutimu, a midwife who works with her Iwi establishing and coordinating health services for whanau and hapu;
- Thelma Thompson, Director of Midwifery at Counties Manukau District Health Board;
- Hope Tupara, part time teacher in the Bachelor of Midwifery programme at Massey University, locum self-employed midwife and employed casually at the primary maternity unit at Levin.
- Helenmary Walker, Charge Midwife at Botany Downs Maternity Unit in Counties Manukau;

Council staff

Council contracts Registration Boards Secretariat to provide secretariat support and employs two staff members.

- Registrar – Susan Yorke
- Deputy Registrar – Nick Bennie

Council meetings

Following the assent to the Health Practitioners Competence Assurance Act 2003, the Midwifery Council held its inaugural meeting on 12 February 2004 and in the thirteen months since then has met 12 times. All Council members have also been involved in Council work outside meeting times, particularly speaking to groups of midwives and other professionals to explain new policy and processes.

FUNCTIONS OF THE COUNCIL

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

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

THE WORK OF THE COUNCIL – AN OVERVIEW

In the short period of time between the appointments of members and 31 March 2004, (being the date subsequently adopted by Council as balance date) the Council met twice and had one teleconference. A very brief Annual Report to 31 March 2004 was published which reported on the Council's initial work of planning for preparation of full implementation of the Act on 18 September 2004.

During the year from 1 April 2004 to 31 March 2005 Council had to consider how it was to fund its activities in the period prior to receiving income by way of registration and practising certificate fees from the midwifery profession; liaise with stakeholders; develop a business plan and develop policies and procedures in relation to all its functions. The Council also appointed a Registrar and Deputy Registrar and contracted with Registration Boards Secretariat for a three-year term to provide secretariat services.

Committee structure

To facilitate efficiency the Council established a committee structure. Unless otherwise stated Committees make recommendations to the full Council. At 31 March 2005 the Committees and their members are:

Registration Committee:

Sue Bree, Rea Daellenbach and Mina Timutimu

Education and Audit Committee:

Helenmary Walker, Sally Pairman, Hope Tupara and Rea Daellenbach

Examination Committee:

Sue Bree, Hope Tupara and Thelma Thompson

Health Committee:

Hope Tupara, 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

Although this structure has proved effective in dealing with Council business, where time has permitted the full Council has been involved in matters that could be dealt with by a committee as all members have sought to establish an integrated body of knowledge about Council's responsibilities.

The Council also established a pool of experienced midwives from which to draw as required for Professional Conduct Committees which address issues of midwives' conduct and Competence Review Panels which investigate matters relating to midwives' competence.

SCOPE OF PRACTICE AND QUALIFICATIONS FOR REGISTRATION

In May 2004 the Midwifery Council consulted widely on the Midwifery Scope of Practice, Qualifications for Registration and the Competencies for Entry to the Register of Midwives. There were 457 replies; the majority of which generally supported the existing scope, competencies and qualifications as representative of midwifery practice in New Zealand. A revised Midwifery Scope of Practice and the qualifications for registration, which included the existing direct entry Bachelor of Midwifery programme, were gazetted in September. Council also revised the Competencies for Entry to the Register. These provide the detail of how a registered midwife is expected to practise and what she is expected to be capable of doing.

A second consultation was undertaken to seek the views of stakeholders on registration requirements for overseas and New Zealand midwives. Council drew on this information to develop its registration policy and identified its requirements in relation to fitness to practise, qualifications and competence.

FEES

Prior to 18 September 2004, all Council's activities were costed in as much detail as possible as part of calculating the fees to be charged for the regulatory activities. Fees were gazetted in August 2004 with some additions and amendments gazetted subsequently. The fees and costings formed the basis for the preparation of budgets and cashflows for 2005/06 and 2006/07.

The work of the Finance Committee

The Finance sub committee monitors the Council's financial performance against budget and oversees finance policies and procedures. This includes reviewing the current Profit and Loss account for period to date and year to date, discussing any significant variations against budget in order to report to the Council, reviewing the balance sheet and discussing any financial issues such as accounting procedures, policies and controls.

EDUCATION

Accreditation of educational institutions

Pre-registration midwifery education is provided through a bachelor's degree framework by five educational institutions, Auckland University of Technology, Waikato Institute of Technology, Massey University, Christchurch Polytechnic Institute of Technology and Otago University. These three-year degree programmes are 'direct entry' although shortened routes to registration can be approved for registered nurses granted recognition of prior learning. The existing providers were deemed to continue with that status under section 223 of the Health Practitioners Competence Assurance Act 2003.

With a few relatively minor changes, the Council adopted the Nursing Council's policies and criteria as they relate to accreditation of providers of midwifery education, curricula, course requirements and examinations.

However, the Council decided to review the present criteria for the pre-registration midwifery programmes and develop its own standards. The review commenced at the inaugural Forum held in Wellington in November 2004, which also provided an opportunity for midwives and other stakeholders to discuss the Council's new policies and procedures and workforce issues. The review will continue during 2005. Any changes to the midwifery pre-registration programmes will be phased in over a period of time.

In the meantime the Council has retained the National Midwifery Examination (formerly the State Examination) with a Pass in that examination being one of the requirements for entry to the Register of Midwives. In November 2004, 106 graduate candidates were all successful with a further 10 being successful in the examination held in March 2005.

The work of the Education and Audit Committee

The Committee's work this year has been limited to:

- checking and approving transcripts for New Zealand graduates,
- assessment of education programmes, portfolios and post-registration experience of overseas and Australian midwives,
- making recommendations to the Registration Committee as to proposed Conditions on Scope of overseas and Australian midwives, and
- accreditation and approval of course providers and compulsory and elective courses for the Recertification programme and other competency courses.

This committee's other work will in future also include, defining requirements for individual competency assessment; accreditation of providers of Midwifery Bachelor degrees; audit of all accredited providers of degree programmes and other approved courses; and development of policies and procedures to implement these activities.

The work of the Examination Committee

The Council contracted out the work of establishing an examination question bank and preparing the papers for the National Midwifery Examination in November 2004 and March 2005. This question bank has provided a sound foundation for the Examination Committee to continue to refine and develop and future papers will be set by this Committee. The Examination Committee also sets examination dates, determines criteria for special needs candidates, reviews results and makes decisions about borderline candidates subject to ratification by the full Council.

REGISTRATION

On the evening of 17 September 2004 the Register of a little over 13,000 registered midwives was transferred from the Nursing Council to the Midwifery Council.

Registration as a midwife is evidence to the public that a person is fit for registration, has undergone a midwifery education programme of a certain standard and is competent to practise within the Midwifery Scope of Practice. One of the main differences between the Midwifery Council's policy and the previous system is in relation to overseas qualified midwives. Provided such midwives meet all other criteria they are able to practise subject to conditions that they complete training modules

4 which relate specifically to midwifery in New Zealand including

prescribing. When they have completed the required education modules and met any other conditions which might be imposed in the particular circumstances they may apply for a Change in Scope (removal of conditions).

Consultation with the profession produced anecdotal evidence of concern about the ability of some overseas qualified midwives to communicate in English. Mindful that a specific component of fitness to practice in the Act is the ability to communicate and comprehend English, Council set the English language standard as a pass in the academic module of the IELTS examination of 7.5 with no less than 7 in any one band.

The Work of the Registration Committee

The Registration Committee assesses the applications for entry to the Midwifery Register from graduates of the approved pre-registration programmes in New Zealand and from midwives who are registered overseas. The Committee examines fitness for registration, including ability to communicate effectively in English, qualifications and assessment against the Competencies for Entry to the Midwifery Register for all applicants. Graduates of New Zealand midwifery education programmes are also required to sit and pass a National Midwifery Exam set by the Midwifery Council. Assessment of overseas applicants takes into account their qualifications and post registration midwifery experience, including recency of practice. In recognition of the unique features of New Zealand's maternity system, overseas midwives may be granted registration with conditions on their Scope on Practice until a specified education programme is completed.

Number of Midwives registered between
17 September 2004 and 31 March 2005

New Zealand midwifery graduates	110
Overseas qualified midwives	73
Entitled under TTMRA *	5

* Trans Tasman Mutual Recognition Act 1997

MIDWIFERY COUNCIL OF NEW ZEALAND
2005 FINANCIAL STATEMENTS

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MIDWIFERY COUNCIL OF NEW ZEALAND
STATEMENT OF FINANCIAL PERFORMANCE FOR THE
YEAR ENDED 31 MARCH 2005

	Note	\$	2005	\$
REVENUE				
Registration Fees			63,420	
Annual Practising Certificates			179,321	
Interest Income			930	
Other Income			1,004	
Forum			7,079	
TOTAL REVENUE			251,754	
LESS EXPENDITURE				
Advertising		120		
Audit Fees		1,350		
Bank Charges		14,570		
Board Member Fees		94,984		
Committee Member Fees		550		
Chair Fees		9,125		
Professional Conduct Committee Fees		650		
Catering		7,953		
Depreciation		2,684		
Examiners Fees		7,952		
General Expenses		714		
Equipment Hire		1,248		
Room Hire		362		
Legal Fees		6,401		
HPDT-Establishment Costs		396		
Postage		11,300		
Printing & Stationery		37,624		
Professional Fees - Other		413		
Publications		1,133		
Service Charges		275,475		
Website Maintenance		3,581		
Telephone		3,077		
Travel & Accommodation - NZ		58,462		
Committee Accommodation		214		
Board Accommodation & Expenses		3,595		
Annual Report & Newsletters		5,341		
TOTAL EXPENDITURE		549,274		
NET SURPLUS/(DEFICIT)		(297,520)		

The attached NOTES form part of these Financial Statements

MIDWIFERY COUNCIL OF NEW ZEALAND
STATEMENT OF MOVEMENTS IN EQUITY FOR THE YEAR ENDED 31 MARCH 2005

		2005	
	Note	\$	\$
Net Surplus/(Deficit) for Year			(297,520)

The attached NOTES form part of these Financial Statements

MIDWIFERY COUNCIL OF NEW ZEALAND
STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2005

		2005	
	Note	\$	\$
EQUITY		(297,520)	
<i>Represented By:</i>			
NON-CURRENT ASSETS			
Tangible Assets	4	11,257	11,257
CURRENT ASSETS			
Accrued Income		930	
Westpac Cheque Account		204,860	
Westpac Term Deposits		550,000	
TOTAL CURRENT ASSETS		755,790	
TOTAL ASSETS			767,047
CURRENT LIABILITIES			
Income Received in Advance		919,138	
Accounts Payable		38,671	
GST Payable		106,758	
TOTAL CURRENT LIABILITIES		1,064,567	
TOTAL LIABILITIES			1,064,567
NET ASSETS			(297,520)

For and on behalf of the Board

Chairperson : 

Registrar : 

Date : 1 / 9 / 05

Date : 1 / 9 / 05

The attached NOTES form part of these Financial Statements

MIDWIFERY COUNCIL OF NEW ZEALAND
NOTES TO THE 2005 FINANCIAL STATEMENTS

I. STATEMENT OF ACCOUNTING POLICIES

REPORTING ENTITY

The Board 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 Board qualifies for differential reporting as it is not publicly accountable and is not large. The Board 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.

The Board commenced operating in September 2004, therefore these financial accounts represent seven months of operation.

SPECIFIC ACCOUNTING POLICIES

ANNUAL PRACTISING CERTIFICATE INCOME

Annual Practising Certificate Income is recorded only upon receipt. No Accounts Receivable are recognised and receipts for Annual Practising Certificates issued for future years are shown as Income Received 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 Board has been granted Charitable Status by the Inland Revenue Department.

Therefore, under exemption CW34(1)(b) of the Income Tax Act 2004 the Board is exempt from Income Tax.

TANGIBLE ASSETS

Tangible Assets are shown at original cost less accumulated depreciation. Depreciation has been calculated over the expected useful life of the Assets.

Website Development 33.0% of Cost price

2. CONTINGENT LIABILITIES AND COMMITMENTS

A contractual liability of \$596,160 exists to the Registration Boards Secretariat Limited regarding service charges for the next two years

3. RELATED PARTY TRANSACTIONS

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

4. TANGIBLE ASSETS

	Cost	Accumulated Depreciation	Book Value
Office Equipment	13,941	2,684	11,257

2006/07.

AUDIT REPORT TO THE MEMBERS OF THE MIDWIFERY COUNCIL OF NEW ZEALAND

We have audited the Financial Statements consisting of the Statement of Financial Performance, Statement of Movements in Equity, Statement of Financial Position and Notes to the Financial Statements. The Financial Statements provide information about the past performance of the Midwifery Council of New Zealand and its financial position as at 31 March 2005. This information is stated in accordance with the accounting policies set out in the Notes to the Financial Statements.

Council's Responsibilities

The Council is responsible for the preparation of Financial Statements, which gives a true and fair view of the financial position of the Midwifery Council of New Zealand as at 31 March 2005 and of the results of operations for the period ended 31 March 2005.

Auditor's Responsibilities

It is our responsibility to express an independent opinion on the Financial Statements presented by the Council and report our opinion to you.

Basis of Opinion

An audit includes examining, on a test basis, evidence relevant to the amounts and disclosures in the Financial Statements. It also includes assessing:

- The significant estimates and judgements made by the Council in the preparation of the Financial Statements ; and
- Whether the accounting policies are appropriate to the Midwifery Council of New Zealand's circumstances, consistently applied and adequately disclosed.

We conducted our audit in accordance with generally accepted auditing standards in New Zealand. We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the Financial Statements are free from material misstatements, whether caused by fraud or error. In forming our opinion we also evaluated the overall adequacy of the presentation of the information in the Financial Statements.

Other than in our capacity as Auditors, we have no relationship with or interest in the Midwifery Council of New Zealand.

Unqualified Opinion

We have obtained all the information and explanations that we have required.

In our opinion:

- Proper accounting records have been kept by the Council as far as appears from our examination of those records; and
- The Financial Statements:
 - comply with generally accepted accounting practice; and
 - give a true and fair view of the financial position of the Midwifery Council of New Zealand as at 31 March 2005 and the results of its operations for the period ended on that date.

Our audit was completed on 7 September 2005 and our unqualified opinion is expressed as at that date.



Martin Jarvie PKF
Chartered Accountants
WELLINGTON

MIDWIFERY PRACTICE

Annual Practising Certificates

The annual practising certificate year is consistent with the Council's financial year commencing on 1 April and ending on the following 31 March.

When the Council took over the Register approximately 3,300 practitioners held a practising certificate. The majority of these also held a nursing practising certificate reflecting the fact that midwifery education was formerly a post nursing registration qualification. This number has dropped to approximately 2580 in the 2005/06 year as midwives and nurses have chosen the area in which they wish to maintain a practising certificate.

Return to Practice programme

Midwives who have not held an APC within the previous three years or who have not practised in the Midwifery Scope of Practice within the last three years will first need to demonstrate their competence to practise by completing the Midwifery Council's Return to Practice Programme.

Midwives who have been out of practice for more than eight years are likely to require significant amounts of retraining, whereas those with substantial practice experience and who have taken only a short break may need only a small amount of refresher education. Therefore Council has identified three broad categories of midwives and has identified a different pathway through the Return to Practice Programme for each category. The main differences between categories are the amount of guidance and assistance that Council considers midwives may need when undertaking self-assessment of competence and developing Personal Learning Plans.

Demonstration of on-going competence - the Recertification Programme

The Midwifery Council defines 'maintaining competence to practise' for registered midwives as, "the ongoing capacity to integrate knowledge, skills, understanding, attitudes and values within the professional framework of the Midwifery Scope of Practice".

Through participation in the Midwifery Council's Recertification Programme all midwives demonstrate their continuing competence to practise and therefore, their competence to be issued with an APC. A midwife may not be issued with an annual practising certificate unless the Midwifery Council is satisfied that the midwife meets the required standard of competence.

Participation in the Recertification Programme requires a commitment to lifelong learning and professional development by midwives. In summary the components of the Programme are:

- a) Annual declaration of competence to practise within the Midwifery Scope of Practice.
- b) Demonstration of competence at entry to register level within all aspects of the Midwifery Scope of Practice over any three-year period by:
 - Practice across all aspects of the Scope
 - Maintenance of a professional portfolio containing information and evidence about practice, education (compulsory and elective), and professional activities in any three-year period; and
 - Participation in New Zealand College of Midwives (NZCOM) Midwifery Standards Review Process (MSR) at least once in each three-year period (annually for LMC midwives).
- c) Midwifery Council audit of:
 - Individual midwives' compliance in the Recertification Programme, and
 - NZCOM's management of the Midwifery Standards Review component of this programme.

PROFESSIONAL STANDARDS

The principal purpose of the Health Practitioners Competence Assurance Act 2003 is to protect the health and safety of the public. The Council has developed policies and procedures to ensure that all practising midwives maintain competence and to deal positively when issues of midwives competence or conduct arise. The Council welcomed the opportunity afforded by the Act to address issues relating to midwives' competence or health in an educative way. This has enabled Council to focus on assisting the midwife improve her standard of practice at the same time as putting mechanisms in place to protect the public.

The Council has established a small pool of midwives from which to draw, as required, to form Professional Conduct Committees, and a different larger pool from which to draw to form Competence Review Panels and Health Committees. Practical Guidelines have been written for all these processes.

Professional Conduct Committee

Complaints referred to Council about the practice or conduct of midwives may be referred on to the Professional Conduct Committee. Established under s71 of the Health Practitioners Competence Assurance Act 2003 the Committee comprises two midwives and one lay person. The committee, after investigating the matter, makes recommendations and determinations to the Council which may take no further action, review or impose certain restrictions on practice, or in some cases, refer the matter to the Health Practitioners' Disciplinary Tribunal.

Competence Review Panel

Other complaints or notifications of concern about a midwife's practice may be referred to a Competence Review Panel under s36 of the Health Practitioners Competence Assurance Act 2003. Each Panel usually comprises two midwives, one of whom is a member of the Council, and is guided in its investigation by Terms of Reference established by the full Council. The Panel reports back to the Council with its detailed findings and recommendations under s38.

Health Committee

When concerns are raised about a practitioner's ability to perform her profession because of a mental or physical condition the Council is required to make inquiries into that practitioner's ability to work. "Inability to perform required functions" means being unable, because of the mental or physical condition, to practice midwifery to the standard of competence reasonably to be expected of a midwife practising within the Midwifery Scope of Practice. Any midwife who, because of a mental or physical condition, cannot make safe judgments, demonstrate normal levels of competence or behave appropriately in accordance with ethical, legal and practice guidelines is likely to be the subject of an investigation under the Council's Health Policy.

Between 18 September 2004 and 31 March 2005 the Council received eighteen referrals and notifications about midwives from various sources relating to concerns about competence or conduct. These have been dealt with as follows:

Council Action	Number	Referring body	Outcome
Midwife referred to Professional Conduct Committee	1	HDC	Midwife counselled and required to do special Midwifery Standards Review
Midwife referred for Competence Review	3	HDC or ACC	All required to undertake specific Competence Programmes
Midwife referred to Health Committee	2	1) Hospital 2) Consumer	1) Under monitoring with conditions on practise. 2) Vexatious complaint
Council decision pending at 31 March 2005	1	ACC	
Preliminary investigation by the Council	3	HDC or ACC	Midwives had already voluntarily addressed the issues by eg, seeking further training or changing behaviour; therefore no further action by the Council required
No further action because:			
1) requirements imposed by HDC considered sufficient and complied with;	1	1) HDC	
2) midwife left NZ;	1	2) HDC	
3) midwife no longer practising	1	3) HDC	
4) HDC found no breach;	3	4) HDC	
5) 10 years elapsed since incident	2	5) ACC	
Total	18		

* Health and Disability Commissioner

COMMUNICATION - with the profession, the public, other authorities

The first newsletter was distributed to the profession and other stakeholders in May with two subsequent issues in September and December. Council's intention is to publish three newsletters each year to inform midwives and other stakeholders of Council activities and requirements.

A big event of the year was the inaugural Forum which provided an opportunity to further explain and discuss the new regulatory framework. The Forum was held in Wellington in December and over 70 midwives from around the country attended. Participants expressed significant support for the direction the Council had taken in its policy development and implementation. The Council was delighted that the Honourable Annette King, Minister of Health was able to join in this historic event by opening the Forum.

The website went 'live' at the end of June, with information about Council's activities, policies and other information of interest to the profession, stakeholders and the public being regularly updated. On-line access to the Register of Midwives was achieved just prior to Christmas allowing the public to check whether a midwife is registered, holds a current practising certificate and whether there are any conditions on her/his practice.

Council has worked to establish cordial and effective working relationships with stakeholders and also overseas midwifery regulatory authorities such as the various Australian state authorities and the Nursing and Midwifery Council in the United Kingdom. It has also been actively involved in the establishment and functioning of the new Health Regulatory Authorities of New Zealand (HRANZ).



Midwifery Council (L to R)
Front: Sally Pairman (Chair), Mina Timutimu, Sharron Cole (Deputy Chair)
Rear: Thelma Thompson, Helenmary Walker, Sue Bree, Rea Daellenbach, Hope Tupara.

COUNCIL CONTACT DETAILS

All correspondence to the Council should be addressed to:

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