



July 2006

## Chairperson's Introduction

Kia ora and welcome to the first newsletter for 2006. Another busy year is already well underway and, in addition to 'business as usual', we are focusing on completing the review of pre-registration midwifery education and the development of new standards for these programmes. This year we begin to audit midwives for their compliance with the recertification requirements and expect to audit 10% of all midwives with an APC by the end of the year.

The 2006 APC round went smoothly. Thank you to those of you who returned your APC application forms on time. 2495 midwives applied for APCs in the annual round. This is about 50 less than this time last year. However, there is also an increase in the numbers of midwives who have chosen to place themselves on the 'non-practising active' list. After the concerns of some midwives about the increased APC fee and the recertification requirements it is pleasing to see that there is no evidence of midwives leaving the

profession. Indeed, there are a small but increasing number of midwives applying to return to practice after an absence of three or more years. As in 2004/5 Council will follow up all midwives who had an APC in 2005 but did not reapply in 2006 in order to record their reasons (see our report later in this newsletter).

I hope you find this newsletter interesting. We look forward to seeing you at one of our two forums this year; or if this is not possible, we invite you to visit our website to keep updated about Council's activities.

On a final note Council is very pleased that Helenmary Walker, Mina Timu Timu and Sue Bree have all been reappointed for a three-year term. We value their continuing contribution to the work of the Council.

Sally Pairman  
Chairperson

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## Midwifery Council Forums

The Midwifery Council is holding two forums this year; one on Christchurch and one in Auckland. We hope that this will provide more opportunity for many more midwives to attend a forum so that we can provide information about Council activities and better understand the views of midwives.

### Dates:

CHRISTCHURCH  
Friday 25 August 0900 - 1630

AUCKLAND  
Wednesday 1 November 0900 - 1630

Further information will be included about the Auckland forum in our next newsletter and will be posted on our website.

The Forum in Christchurch will be held in the Bevan Lecture theatre, 7th Floor of the Christchurch School of Medicine, Christchurch Hospital site, 2 Rolleston Avenue.

The Programme includes:

- Recertification Programme and audit update;
- Competence Review Process;
- Pre-registration Midwifery Education Review and draft standards for pre-registration midwifery programmes;
- First Year of Practice Programme update;
- Open Forum.

The Registration pack can be downloaded from our website. We hope to see as many of you there as possible.

# Recertification Programme

With just over one year into the first three year cycle of the Recertification Programme already gone Council expects that all midwives will have begun their portfolios by now and be well on their way to completing the recertification requirements. All midwives should have completed the annual requirement to update neonatal resuscitation and adult CPR and all LMC midwives should have completed one Midwifery Standards Review and have booked a review for this year. One third of core midwives should have completed a review and another third should be booked for this year. Booking for a review and then cancelling is not evidence of meeting requirements and midwives who do this risk not being able to complete a review in time.

## **Participation is mandatory**

The requirement to demonstrate competency is across all professions regulated by the Health Practitioners Competence Assurance Act (HPCAA) not only midwifery. The Midwifery Council is the statutory authority charged with ensuring that practising midwives are competent. The Recertification Programme is how the Midwifery Council makes this assessment. Failure to complete a Midwifery Standards Review (and other requirements) is likely to mean that the Midwifery Council will not issue a further APC as it will have no evidence of ongoing competence.

## **Changes to points required**

As a result of feedback from midwives we have reduced the number of professional development points from 60 to 30. Over this last year we have approved numerous elective education programmes and the list of approved courses is updated on our website regularly. There are now sufficient providers of technical skills workshops to meet the needs of midwives. We have approved several midwifery schools, DHBs and the New Zealand College of Midwives as well as a couple of smaller private providers. These small providers will not be re-approved after this recertification cycle is complete.

## **Audits commence**

Some midwives will already be aware that the Council has commenced its audit of midwives' participation in the Recertification Programme. Midwives have been randomly selected to provide their portfolios for assessment. External auditors have been engaged to assess portfolios against the requirements and Council expects to audit up to 250 midwives this year. When preparing portfolios midwives should remember the requirement to demonstrate practice across the Midwifery Scope of Practice and reflection of how practice meets the Competencies for Entry to the Register of Midwives.

## **Planning to meet the Recertification requirements**

Council recognises that the Recertification Programme is a three-year process and in the audits will be looking for completion of annual requirements and appropriate progress on other requirements.

Recertification commenced in the 2005/06 practising certificate year so by the end of the 2007/08 year the Midwifery Council expects midwives who have held a practising certificate continuously since 1 April 2005 will have met all requirements.

Midwives applying for a practising certificate in every subsequent year will be expected to have met the requirements within the three years prior to the date of application for a practising certificate, that is, they will have worked across the midwifery scope, undergone Midwifery Standards Review at least once, completed all compulsory courses, completed sufficient elective courses to gain at least 40 points and engaged in sufficient professional development activities to gain at least 30 points.

To assist midwives plan their activities over each three year period, we have developed a planner which can be downloaded from our website [www.midwiferycouncil.org.nz](http://www.midwiferycouncil.org.nz). It is designed to record only a summary of activities over any three year period. Forms which facilitate recording more detail are available from NZCOM.

## **Cost of Annual Practising Certificates**

As indicated in newsletters last year Council expects to hold the current APC fee of \$600 for the next few years. It seems that some midwives may still be confused about the reasons for the increase.

The increase in the APC fee was gazetted on 13 October 2005. This followed an extensive review of the cost of the Council's activities to undertake its statutory functions and of the budgets for 2006/07 and 2007/08, based on those costs. (The costings were first done in 2004 for 2005/06 but necessarily based on best guesstimates as there was no financial history).

Midwifery APC fees are comparable to other similar sized professions and the Council believes they are reasonable given there is no other way of funding the Council's work in carrying out its statutory activities. The Midwifery Council's budgeted costs are estimated prudently but not over-inflated. A significant amount must be budgeted for Health Practitioner Disciplinary Tribunal hearings which are costs over which the Council has no control but are estimated to be \$20,000 to \$25,000 per day for the actual hearing alone (not including other expenses and pre-hearing work). There have been no hearings to date but that situation is not expected to continue. Part of prudent management and good business practice also requires that Council builds a moderate financial reserve as a buffer against unexpected costs and to smooth income from fees thereby avoiding the necessity to alter the fees each year.

The Council briefed DHBs early in 2005 about the likely fee increases and is aware that DHBs generally pay APC fees for their employed midwives.

## **Loss of APCs and prescription pads**

We are aware, from occasional telephone calls from the Police that APC cards and prescription pads can be deliberately stolen. If you lose your APC we suggest you record the loss at your local Police Station in case there is any attempt to use it fraudulently. For security reasons we do not issue replacement cards but our secretariat will supply a paper certificate for \$25. Whether or not you obtain a replacement APC, you will remain showing on the public register, accessible on our website, as holding a current APC.

If you lose your prescription pad we suggest you either inform our secretariat who will pass on the fact of the loss to HealthPAC or the Midwifery Manager at the hospital with whom you hold an access agreement who should also inform HealthPAC.

# Pre-registration Midwifery Education Review

As you are aware the Midwifery Council has been reviewing pre-registration midwifery education across the five schools of midwifery since December 2004. The report of this review is expected to be released in early July along with new draft standards for pre-registration midwifery education. We will consult on the draft standards and release new standards by November for implementation in 2008.

The Midwifery Council has identified the following issues:

- Overall support for the current education model and existing Midwifery Scope of Practice'
- Wide variation in relation to theoretical and clinical hours, range of subjects, types of clinical experience, assessment standards and curriculum design across the five programmes;
- Insufficient clinical experience to ensure that graduates are not only competent to practise but also confident to practise;
- Increased expectations of midwifery graduates as a result of significant changes to maternity services (need for graduates to manage caseloads and establish small businesses in community immediately upon graduation);
- Increased complexity of childbirth (older first time mothers; co-morbidities);
- Lack of training/preparation for midwives teaching, supervising and assessing midwifery students in clinical environments;
- Poor financial viability of midwifery schools (low student numbers, high cost programmes because of necessary intense one-to-one teaching, supervision and assessment);
- High course costs for students create barriers to education (travel for programmes, travel and accommodation for clinical experience, mobile phones, clinical equipment, child care);
- Lack of international consistency in relation to theory and clinical hours; New Zealand graduates unable to work in United Kingdom and Europe.

The new draft standards propose the following:

- Increase national consistency through setting national framework for midwifery education programmes;
- Improve access by requiring flexible delivery modes, collaboration between schools and possibly decreasing number of schools;
- Increase levels of graduate competence and confidence by:
  - o increasing clinical practice hours (from minimum 1500 to possible 2850),
  - o setting required number of clinical skills to be achieved at competence level,
  - o strengthening assessment requirements,
  - o preparing midwives for their teaching, supervision and assessment roles,
  - o requiring third year of programme to be mainly clinical to assist consolidation and with assessments against competencies for registration,
- Ensure international consistency by increasing length of programme to 45 weeks per year and setting minimal theoretical hours @ 2550 and clinical hours @ 2850;
- Reduce barriers for students by ensuring sufficient funding for travel, accommodation, child care, mobile phone and clinical equipment;
- Improve viability of programmes through changing funding model such that EFTS \$ allows for programmes to be delivered across 45 weeks per year over three years;
- Double numbers of graduates across New Zealand through improving access and improving funding.

Council intends to determine revised standards and criteria for pre-registration midwifery education programmes, to be phased in over 2007 and effective for 2008 academic year. Some of these changes cannot be implemented unless the level of midwifery education

funding is reviewed by the Tertiary Education Commission and the Midwifery Council is in discussion with TEC about this. For example, Council wishes to extend the academic year from 34 weeks to 45 weeks and increase the requirements in relation to clinical experience. Additionally, Council wishes to see programmes delivered more flexibly in order to facilitate access for prospective students who live outside of the main centres. There is potential to reduce the number of schools/programmes through collaboration but increase student numbers if more use is made of on-line and distance modes of delivery. However, some face-to-face teaching remains essential for midwifery and education funding would need to recognize costs of travel and accommodation for 'intensives' where students could be brought together for blocks of face-to-face teaching.

The Midwifery Council looks forward to your feedback on these proposals and urges you to participation in the consultation on the draft standards.

## First Year of Practice Mentoring Programme

On International Midwives Day, 5 May, the Minister of Health announced funding for a two-year pilot mentoring programme for new graduates. Council was delighted by this announcement and thanks the Minister for his support of midwifery. We also wish to acknowledge the significant work of Marion McLauchlan, Maternity Manager in the Ministry of Health, in bringing this programme to fruition. The First year of Practice programme will enable new graduates to access a structured mentoring programme with trained mentors that will provide support as new graduates consolidate practice and gain confidence as registered midwives. The programme will draw on the mentoring framework already developed by the New Zealand College of Midwives. The Clinical Training Agency will have oversight of this programme and will shortly bring together a Working Group to determine the details of the programme and its implementation. The Midwifery Council will be represented on this Working Group and we look forward to the commencement of this programme early in 2007 for the graduates completing their midwifery education in November this year.

## Complaints and Competence Reviews

The Midwifery Council has carried out a number of competence reviews over the past few months. Reviews may be as a result of concerns about competence referred to the Council from individual practitioners, DHBs and from the Health and Disability Commissioner. If the Council decides there is reason to carry out a review it will establish a Review Panel, decide terms of reference and suggest the tools and processes a Review Panel should use in the course of the review. The panel usually consists of two midwives, one of whom works in a similar context to the midwife being reviewed. The review process seeks to be educative and supportive. The panel examines a midwife's competence to practise in relation to the Competencies for Entry to the Register of Midwives. It does not examine specific cases or address consumer complaints as that is the role of the Health and Disability Commissioner. If Council determines that there are competence issues about a midwife's practice it will set a competence programme that must be completed by the midwife. A competence programme may include any or all of: further education, supervision, examination and assessment or conditions on practice. There is more information about the competence review process on our website. Midwives are reminded that the Council will not accept anonymous complaints.

## Midwife Suspension

From time to time Council considers that a midwife's practice may cause serious risk of harm to the public and in such cases can order that the midwife be suspended. Three midwives are currently suspended from practice.

These are:

- Paulette Whitford (pending satisfactory completion of competence programme);
- Ngahua Bristowe (pending satisfactory completion of competence programme);
- Gay Manasala (pending completion of a competence assessment).

## Prescribing

### Prescribing Outside of the Midwifery Scope of Practice

Midwives are reminded that they may only prescribe medications within their scope of practice. Therefore midwives are not entitled to prescribe contraceptives to women beyond six weeks post partum or before pregnancy. Midwives may not prescribe drugs for underlying medical conditions and pregnant women should continue to receive this care from their physician or general practitioner during the childbirth episode.

### Writing Prescriptions

From time to time our secretariat receives phone calls from pharmacists seeking details about midwives which are missing from a prescription, or asking help in contacting midwives who have failed to complete all the required details.

We do not give out midwives' personal information to pharmacists and it can become a time consuming exercise first identifying and then contacting a midwife to ask her to contact the pharmacy.

Pharmacists are subject to audit requirements and tell us they are breaking the law by filling a prescription without all the details. Please remember you have a legal and ethical responsibility to provide all required details on a prescription.

The legally required details are:

- The date; and
- Your name including initials, address, registration number and signature; and
- Your client's name including initials, address and date of birth if a newborn or under 13; and
- The name in full of the medicine, the strength, dose, method and frequency of use and the total amount to be dispensed or number of repeats.

## Frenotomies

Recently the Council received an enquiry about whether performing frenotomies is within the Midwifery Scope of Practice. The Council's view is that it is within the Scope, being impliedly included in the existing wording of the Scope and in performance criteria 2.1, 2.3, 2.5, 2.6, 2.8, 2.10, 2.11, 2.12 and 2.14. Frenotomies can be carried out by midwives who have had appropriate training.

## Results of Survey of 2004/05 Non Practising Midwives

Last year we conducted a survey of those midwives who held a practising certificate in the 2004/05 year but who did not apply for one for 2005/06. We were particularly interested in when they last practised midwifery, why they had ceased practise and whether they might re-enter the midwifery workforce in the future.

Practising certificates for the year commencing 1 April 2004 were issued by the Nursing Council and that was the first year midwives could choose to apply for a separate midwifery practising certificate (even though they might be working as a nurse). When the Midwifery Council commenced on 18 September 2004 and received the Midwifery Register from the Nursing Council, there were approximately 3,490 midwives holding practising certificates. Because the new legislative framework placed new competence requirements on all registered health practitioners, we expected that some midwives choosing to hold a practising certificate for the 2004/05 year but who were working as nurses, would choose to not renew their midwifery practising certificate and therefore that the number of midwives applying for a practising certificate in the 2005/06 year would fall. That indeed happened; in the 2005/06 year the number of issued practising certificate fell by 910 - about 26% - to 2850.

We surveyed the 910 who had not renewed, and received a 50% response rate. The key points from the survey are:

- 5% of the respondents had never practised in New Zealand;
- 23% had kept up their practising certificates for 10 years or more after ceasing practice;
- 21% were not working in the paid workforce;
- 11% were working in a midwifery related field (eg as an educator);
- 48% were working as a nurse.

A number of respondents gave more than one reason for ceasing midwifery practice. The top four reasons for ceasing practice were (in descending order):

- Stress, burnout, not wanting responsibility (12%);
- Stayed in or moved to nursing (8.6%);
- Career change or moved into management (8.6%);
- Unhappy with work hours (7.8%)