

Thelma Thompson

Greetings. I live in South Auckland and work at Counties Manukau District Health Board as the Director of Midwifery. Following my nursing career I completed midwifery education at AUT in 1989 and a BHSc in 1997. I am currently working towards my master's degree in education. I have worked throughout all areas of Women's Health at Counties Manukau, including the high-risk assessment area, with women with diabetes, as a clinical educator and in various management positions.

Mina Timu Timu

I come from Waitara in Taranaki and have had a long career in health as a nurse, a midwife and a Plunket Nurse. I work with my lwi establishing and coordinating health services for whanau and hapu. One initiative has been to establish a rural community maternity service. I am a member of the NZCOM National Committee where I hold the position of Kuia.

Helenmary Walker

I came to midwifery from psychiatric and then general and obstetric nursing in Dunedin. I completed my midwifery education at ATI and have worked in base hospitals, secondary facilities and primary maternity units in Dunedin, Christchurch, Lincoln and Timaru. I now work as the Charge Midwife at Botany Downs Maternity unit, a level O Unit in Counties Manakau DHB in South Auckland. I am married and have three young sons aged 10, 8 and 3.

Introducing the Registrar and Deputy Registrar

The Midwifery Council is pleased to announce the appointment of Susan Yorke as Registrar and Nick Bennie as Deputy Registrar.

Susan has a BA in Political Science and an LLB; both from Canterbury University. She has established and run her own successful legal practice in Takaka in Golden Bay for the past ten years. Now that their children are adults, Susan and her husband are seeking a lifestyle change by moving to Wellington. We are delighted that Susan has agreed to take up the role of Registrar as we believe her experiences in law, in running her own business and her training in negotiation and mediation will be invaluable to the Council. Susan will take up her role in mid-May.

Nick will also begin work with the Council in mid-May. Nick has a Bachelor of Commerce and Administration from Victoria University and has extensive management

experience in various government departments. Most recently Nick was the Registrar of Radio Frequencies in the Ministry of Economic Development. Nick's skills in commercial law, management and statutory regulation will also be invaluable to the Council.

We are pleased and excited to have two such well-qualified staff working with us from the beginning as together we shape and develop the Midwifery Council.

NOW

Until 18 September 2004 it will be business as usual under the Nurses Act 1977 and the Nursing Council will continue to administer this Act. You have been invoiced as usual for your APC for the year beginning 1 April 2004 and ending 31 March 2005. You were required to apply for your APC as a midwife or as a nurse or as both. Separate APCs have been issued for midwives and nurses.

From Day One (18 September 2004)

New Applicants for Registration.

From 18 September 2004, new applicants from New Zealand and overseas will have to apply for registration under the prescribed scope of practice for a midwife. Qualifications will be prescribed for this and the Council will assess the applicant's competency to practice. When an APC is issued it will indicate that the registrant's scope of practice is midwifery and any conditions that may be applied, e.g. "not approved to prescribe".

Practising Midwives

If on 18 September you are registered and hold an APC as a midwife, you will be deemed to meet the requirements under HPCA to operate within the midwifery scope of practice. Therefore, you will still be able to practise. In other words, it will be presumed on Day One that you are competent to practise. You will not need to re-train if your qualifications don't match those specified and gazetted by the Council.

When you apply for your next APC in early 2005 you will have to apply under the midwifery scope of practice. At that time you will have to meet whatever requirements have been set by the Midwifery Council to ensure your ongoing competence to practice within the midwifery scope of practice. In the HPCA these requirements are known as 'competence programmes' or 'recertification programmes'. You must maintain your competence as a midwife or you will not be granted a practising certificate.

Further information about the HPCA Act

Attached to this newsletter is a consultation document that focuses on scope of practice, qualifications, and competence for midwives, as required under the HPCA Act. The Midwifery Council is required to specify the scope of practice, qualifications, and competencies for midwives and this consultation document contains a consultation questionnaire on these matters.

Please read the consultation document and then answer the questionnaire and return it to us (freepost) by **30 June 2004**.

Sections of the Act such as complaints and discipline have not been discussed at this stage. Future newsletters will provide midwives with more information on these aspects of the Act and how they will be affected.

midpoint

Midwifery Council of New Zealand Newsletter



May 2004

Welcome

Welcome to this first newsletter from the Midwifery Council of New Zealand. The Council was established under the Health Practitioners Competence Assurance Act (HPCA) 2003 and the Minister of Health, Annette King, appointed the first Council members on 16th December 2003. The Council first met in Wellington on 12th February 2004 and expects to meet approximately once a month for one or two days per month, at least in this first year of operation.

Introducing the Council

Rea Daellenbach

I am a consumer member on the Midwifery Council. I have been involved with the Home Birth Association since the mid-1980s. I have had extensive involvement as a consumer on the NZCOM Midwifery Standards Review Process and Resolutions Committee. From 1992-1997, I was the Maternity Action Alliance consumer representative on the NZCOM National Committee. At the same time I completed a PhD in sociology about the home birth movement in New Zealand. I now teach part-time in the Bachelor of Midwifery programme at the Christchurch Polytechnic Institute of Technology. I live with my partner, our two-year-old son and two teenage daughters in Christchurch.

Hope Tupara.

Tena koutou. I teach student midwives 0.5 of my time at Massey University, Palmerston North. The other 0.5 is spent as a locum midwife for self-employed colleagues as well as casual duties at the primary maternity unit in Levin. I completed an MA (Midwifery) at Victoria University in 2000 and have served a term as NZCOM Regional Chairperson for Central Region from 1998 to 2002. I have recently resigned from my position on the Nursing Council of New Zealand as I take up this new role on the Midwifery Council.

Sally Pairman (Chair)

I have a background in midwifery education and work as the Head of School of Midwifery at Otago Polytechnic. I was President of the New Zealand College of Midwives from 1992 – 1996. I also served a three-year term on the Nursing Council from 1996, where I was Deputy Chair and Convenor of the Education Committee. I am currently completing a Professional Doctorate in Midwifery and am involved in writing and editing some midwifery texts. I live in Dunedin with my husband and two sons aged 12 and 8. I am honoured and excited to be involved in establishing this first Midwifery Council.



Back: Helenmary Walker, Hope Tupara
Middle: Thelma Thompson, Sue Bree, Sally Pairman, Mina Timu Timu
Front: Rea Daellenbach, Sharron Cole

Sue Bree

Greetings. I live in the beautiful Bay of Islands where I have worked as a self-employed Midwife since 1990. As the long awaited challenges of establishing this first Midwifery Council in NZ become reality, I am grateful for the experiences gained from my time as a member of the Nursing Council of New Zealand, my other current role as President of NZCOM, and my daily contact with consumers of our NZ Midwifery service who of course are the focus of the HPCA. I live with my partner, and our 11-year-old daughter, who for reasons of phone calls in the middle of the night has no intention of being a Midwife herself!! I wish to acknowledge Claire, my Midwife partner, who makes it possible for me to have the privilege of being involved in this exciting time of our profession.

Sharron Cole (Deputy Chair)

I am the other consumer member of the Council, having been active in maternity issues since the early 80s. I am currently President of Parents Centres New Zealand (a position I also held from 1990 - 1996), an elected member of the Hutt Valley District Health Board, and a member of a number of statutory committees in health-related areas, particularly medico-legal fields. I live in Lower Hutt and am married with four adult children.

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Funding the Midwifery Council

The primary source of income for the Council will be the Annual Practising Certificate fee from midwives. Midwives will need to carry the cost of having their own regulatory authority and, as we are a small profession, we do not have the benefit of economies of scale. The Nursing Council has already increased the fee for the 2004/2005 year, and this APC fee will have to rise further. We are committed to keeping the cost of regulation for midwives as low as we can. There are, however, large 'set up' costs, ongoing operational costs and the costs of potential disciplinary action against midwives to be taken into account.

The Midwifery Council has not received establishment funding from any source and is reliant on the Nursing Council for assistance. The Nursing Council has set and collected the midwifery APC fee for the entire 2004/2005 year and has offered a portion of this to the Midwifery Council. We hope to receive this funding soon.

Over and above this APC fee transfer, we are negotiating with the Nursing Council for a share of the assets and investments that have built up over the last 79 years of midwives' involvement with the Nursing Council. In our view this long historic association needs to be recognised, as does the contribution midwives have made to the Nursing Council over these years.

Our estimated income for this year is likely to fall short of our operating costs and as a result we will be reviewing the APC fee for next year.

WEBSITE

The Midwifery Council is developing a website and we hope to launch this in June. We will be posting policies as they are developed and seeking feedback from midwives. The second stage will be the development of an on-line register that will increase access to the Midwifery Register. The website will be an important mechanism for informing the public and the profession of Council activities. We invite you to visit the site.

The website address will be:
www.midwiferycouncil.org.nz

ACTION PLAN

The Council's role is to ensure public safety by regulating the practice of midwifery under the framework of the HPCA Act. There is information about the HPCA Act later in this newsletter.

The Midwifery Council takes over the regulation of midwifery from the Nursing Council on the 18th September 2004. Before then the Midwifery Council will need to have consulted with the profession and made decisions about the following:

- The scope of practice of a midwife
- The qualifications necessary to be a midwife
- The competencies expected of a practising midwife, including cultural competence and ethical conduct
- The registration requirements of a midwife, including fitness to practice and communication ability
- The process by which midwives will demonstrate their continuing competency after registration
- The process by which the Council will assess a midwife's competency
- The requirements of any competency programme that midwives may be required to undertake
- The mechanisms by which the Council will deal with concerns about a midwife's competence and/or physical or mental illness
- The procedures by which the Council will deal with complaints against midwives

In 2005 further decisions will need to be made, including the requirements for pre-registration midwifery education programmes and the approval of educational institutions to provide these programmes.

Consultation

There is much work to do and we need your help to get it right. This is Midwifery's opportunity to look again at the policies we have inherited from the Nursing Council; to ensure that they will maintain public safety and that they reflect the expectations of the profession around practice. Our philosophy is consultative and we want to remain in close contact with the profession. Enclosed with this newsletter is a consultation document. Please read the details about scope of practice, qualifications and competencies for midwives and answer the enclosed consultation questionnaire. Consultation is very important to the Midwifery Council and we want to hear your views.

Health Practitioners Competence Assurance Act 2003 – what is it?

The Health Practitioners Competence Assurance Act (HPCA) was passed into law on 18 September 2003. It replaces the Nurses Act 1977 and Amendments. On the 18th September 2004 the Midwifery Council will take over the regulatory functions for midwives from the Nursing Council.

The principal purpose of the HPCA Act is to protect the health and safety of the public by providing ways to ensure that health practitioners are competent and fit to practice their professions (s.3).

It aims to:

- Provide consistent accountability across the health professions. All previously regulated professions (such as midwives, physiotherapists, doctors, dentists, nurses, occupational therapists) plus a few new ones – osteopaths, dental hygienists, and dental therapists – are all now covered by the same legislation, but each has its own regulatory authority to administer the Act. This will make it easier for the public to understand.
- Establish the mechanisms for determining scopes of practice and qualifications for each health practitioner. This is so the public can understand what health service each registered practitioner is qualified to provide.
- Provide systems to ensure that health practitioners are registered and don't operate outside their own scope of practice.
- Provide systems to ensure that health practitioners maintain their competence and fitness to practice after registration
- Restrict specified activities to particular classes of health practitioner. Certain activities posing a greater

potential risk of harm to the public will be restricted to those health professions able to perform those tasks within their scope of practice. Anyone else attempting to perform them will be breaking the law and can be prosecuted.

- Provide a consistent process for complaints and discipline across the health professions.

At a glance ...
what does HPCA mean to me?

- From 18 September 2004, APCs will be linked to a scope of practice, which will describe what midwives are entitled to do.
- If you are registered and hold an APC on 18 September 2004, you will be deemed competent to practice. Your current APC will be valid for the remainder of the year.
- By the time you apply for your next APC, the competency requirements for the midwifery scope of practice should have been set and you may need to show the Council that you have met these.
- Professional development to maintain competence will be an important part of meeting competency requirements.
- Practising outside your scope will incur significant penalties.
- If you are registered as a nurse and as a midwife, you will need to decide which scope of practice you will work under. **You will not lose your registration as either a nurse or a midwife, because you are registered for life (unless you lose this registration through a disciplinary process).** You may hold your APC as a midwife or as a nurse or both. If you work as a midwife you need to demonstrate your competency within the midwifery scope of practice as defined by the Midwifery Council. If you work as a nurse you will need to demonstrate your competency in one of the nursing scopes of practice as defined by the Nursing Council. If you wish to hold APCs in both midwifery and nursing, you will need to meet the competency requirements for each scope of practice. The Midwifery and Nursing Councils will work to make this process smooth for those practitioners who are affected, but the competency requirements for each scope will have to be met by the practitioner.
- Over the next few weeks, the Council will consult with the profession on the scope of practice and competence measures.
- The scope of practice will be in place by the time the HPCA comes into force, while it is expected that the competency framework will be developed by the time you next apply for your APC.

Secretariat support

The Midwifery Council has entered into a contract with Registration Boards Secretariat (RBS) for secretariat support. RBS is a private company, based in Wellington, which provides secretariat services for a number of smaller regulatory authorities, such as the Occupational Therapy Board, the Psychologist Board and the new Osteopath Council. RBS employs the various registrars for the authorities, and provides full secretariat services including maintenance of the various practitioner registers.

RBS has premises in Grand Plimmer Towers in central Wellington, from which the various secretariat staff work and where the regulatory authorities hold their meetings. See contact details for the Midwifery Council in this newsletter.