

September 2004

Chair person's Introduction

Kia ora and welcome to the second newsletter for 2004. It has been a very busy two months since the last newsletter as we rapidly approach September 18, the day we take over the regulation of midwives from the Nursing Council.

We have completed two major consultations. The first was on the Midwifery Scope of Practice, Qualifications for Registration and the Competencies for Entry to the Register of Midwives. The results of that consultation are included in this newsletter along with the revised Midwifery Scope of Practice and the list of qualifications for registration, both of which will be gazetted this month. The competencies were also revised and these can be found on the Midwifery Council website.

The second consultation was on registration for overseas and New Zealand midwives. This consultation document was sent out through NZCOM, DHBs, NZNO, Women's Health Managers, Nurse Executives and Midwifery Education Providers. It was also available on the website. A summary of the responses and the changes made to our policy are included. Further detail of the registration requirements and processes can be found on our website.

Thank you to all those who took the time to reply. Your feedback has been extremely useful to us, as the requirement of the HPCAA to develop so much policy so quickly has been a challenge to us as a new organisation. We have taken your feedback seriously and have made changes as appropriate. These are our first policies and we can make changes in the future if necessary.

This month we have distributed a discussion document on the Midwifery Council's proposed Recertification Programme. This outlines the requirements that midwives will need

to meet to obtain an annual practising certificate. We are seeking feedback on this draft proposal by **17 September 2004**. We have not posted these to all midwives but copies can be downloaded from the website. Copies will also be available through NZCOM regions and through DHBs. Once finalised there will be a transition period as the Recertification Programme is implemented. Council expects that all midwives will be participating in a fully operational programme by April 2007.

This is a long newsletter. However it contains much information of importance to midwives and we encourage you to take the time to read it thoroughly. The HPCAA is quite different legislation to the Nurses Act and there will be many changes to registration, education, competence and discipline for midwives as a result of this new legislation. We acknowledge that it will take some time before the profession is fully aware of the new policies and processes required under HPCAA. Please contact us for information or visit our website.

Finally, on behalf of the Council I wish to congratulate Sharron Cole (Deputy Chair) on her recent appointment as the Deputy Commissioner for Families. Many of you will know Sharron through her long years of association with midwifery and maternity services and you will be aware of Sharron's commitment to working with families and improving their lives. Sharron will make a huge contribution as a Commissioner and we wish her well in this work. Fortunately for midwifery Sharron is able to continue her work as a Council Member, and as you will read later in the newsletter we intend to make further use of her many skills in the establishment of the Professional Conduct Committee.

Sally Pairman
Chairperson

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Relationship between the Regulatory Authority and the Midwifery Profession

Website

The Health Practitioners Competence Assurance Act (HPCAA) has raised the profile of regulation and this newsletter provides an opportunity to explore the relationship of regulation to the profession.

Society regulates professions through statutes that establish regulatory authorities to implement the legislation. The legislation requires the Regulatory Authority to control who enters the profession (gains registration), how they are educated (education programmes), what standards they have to meet (competencies), what are the boundaries of their practice (scope of practice), and how they will be held accountable for their practice (disciplinary processes). This regulation is to ensure that the public is kept safe. In return society grants professions wide autonomy to practise and manage themselves appropriately.

As most of you will know, the Nursing Council has regulated midwifery since 1971. Prior to that midwifery was regulated through the Nurses and Midwives Board (1925), and before that by the Registrar appointed under the 1904 Midwives Act. The most recent legislation that the Nursing Council administered was the Nurses Act 1977.

Since 1990 when the Nurses Act (1977) was amended to reinstate midwifery autonomy, the New Zealand College of Midwives (NZCOM) has also played an important role in midwifery regulation. While not a Regulatory Authority, it was recognised in the Nurses Amendment Act (1990) as the professional organisation representing midwifery. This Act required NZCOM representation on the Nursing Council.

In the absence of a Midwifery Council, the Nursing Council collaborated with NZCOM through the 1990s in the development of its midwifery policy. Nursing Council adopted the internationally accepted Midwifery Scope of Practice definition and used NZCOM's Standards for Midwifery Practice as a measure in disciplinary procedures involving midwives. The Competencies for Entry to the Register of Midwives were jointly developed. NZCOM developed its Midwifery Standards Review Process to support professional development for midwives and the Nursing Council intended to use this as part of a competence – based practising certificate process (now overtaken by the HPCAA).

Now that the HPCAA has established the Midwifery Council as the Regulatory Authority for midwives, it is essential that this collaborative relationship between the profession and the regulatory authority continue. Although they are entirely separate organisations, the roles of the Council and NZCOM are complementary. The Council provides the regulatory framework within which midwives must practise and it sets the minimum standards required for public safety. NZCOM provides the professional framework in which midwives practise and it aims to develop and support high standards of midwifery practice.

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.

As planned the Midwifery Council website went 'live' at the end of June. Information is being added regularly so please visit for updates on Council activities and policies as they are developed. Please send us your feedback about the website. We are particularly interested in any gaps or areas that need further development or explanation. The second stage of the website development will be to have an on-line register of midwives so that members of the public and midwives will be able to access registration information about midwives. Eventually midwives will be able to update their own details on the website. Visit us at www.midwiferycouncil.org.nz

Funding

The funding saga continues. The Nursing Council identified potential legal impediments to transferring funds to the Midwifery Council and these have been only partly resolved. The Council was obliged to raise an overdraft in June to carry out the work required by the Act. At the time of writing the Nursing Council has transferred to us 53% of the APC fee paid by midwives for the 2004/5 year, this being the portion from 18 September to 31 March 2005. The Midwifery Council is still pursuing the rest of the APC to cover the activities we have undertaken in preparation for 18 September (with no funding) as well as a proportionate share of the Nursing Council's surplus in recognition of its accumulation over 79 years of midwife involvement.

Annual Practising Certificate (APC) fee for 2005/6

As indicated in the last newsletter the midwifery profession will have to meet the cost of having its own regulatory authority and midwife's fees are the main source of income. As a small profession this means that the these fees will need to increase substantially.

The Midwifery Council has now completed a budget for 2005/6 that takes into account all the regulatory activities required of the Council as well as interest payments on the overdraft required this year in the absence of funding. In order to meet the anticipated expenditure the 2005/6 APC fee has been set at \$450 (GST inclusive). This includes a disciplinary levy, as the Council is now responsible for all costs of any midwifery hearing before the Health Practitioner's Disciplinary Tribunal. The disciplinary levy has been costed at approximately \$100, although Council will not hold a separate disciplinary fund. The APC fee may need to increase again in 2006/7 but we hope to be able to hold the fee stable after that.

As a comparison we have provided the APC fees of some other professions. Please note that the Midwifery Council, unlike other authorities, has no accumulated reserves with which to subsidise any fees.

The APC fee for midwives is set at different levels for those applying for the first time from New Zealand, from overseas and for those from Australia who apply under the Trans Tasman Mutual Recognition Act 1997 (TTMR). Table two identifies these fee differentials. The fees reflect the actual costs to the Council of the various processes required under HPCAA.

Any New Zealand midwives returning to midwifery practice after a break and reapplying for an APC between 20 September 2004 and 31 March 2005 will pay a fee of \$53.40, being a proportion of the equivalent fee paid by midwives to the Nursing Council for the 2004/5 year.

Other fees

A list of other fees is provided in table three. These fees have been calculated as accurately as possible and reflect the actual cost to the Council of undertaking these procedures. The HPCAA separates the registration and annual practising certificate processes and a fee was set for each of these.

There is also an examination fee for New Zealand midwifery graduates who are, in early August, required to sit the Midwifery Council National Midwifery Examination that will replace the Nursing Council State Final examination from November this year. Because the Council was unable to notify current third year midwifery students of these fee changes until early August (due to the short timeframe for implementation in the HPCAA), Council has provided a 'one-off' fee discount for these students. Those New Zealand graduates who apply to sit the National Midwifery Examination and apply for registration between 18

Table one: Comparison of APC fees

Professional	Midwives	Doctors	Physio-therapists	Occupational Therapists	Psychologists	Dentists	Chiropractors
No. of APCs (approx)	2500	9-10,000	3000	1783	1500	1700	290
APC Fee (GST Incl)	\$450	\$485	Not set but Approx. \$333	\$300	\$450	\$700	\$1100

Table two: Midwife APC fees 2005/6.

Category	NZ midwife first APC application	All midwives with NZ midwifery APC in previous three years	NZ midwife reapplying for first APC after three years or more out of practice	Overseas midwife first APC	Australian midwife first APC application under TTMR
Total Fee	\$280	\$450	\$620	\$620	\$620
Proportional payment	Applies:	N/A			
	1 April–30 June		\$620	\$620	\$620
across year	1 July–30 Sept		\$465	\$465	\$465
	1 Oct–31 Dec		\$310	\$310	\$310
	1 Jan–31 March		\$155	\$155	\$155

September 2004 and 30 June 2005 will be required to pay a combined examination/ registration fee of \$250 (GST inclusive) instead of two fees of \$330 and \$245 respectively. From 1 July 2005 New Zealand midwifery graduates will be required to pay these full fees as indicated in the table three. As indicated in table two, New Zealand graduates will also be offered a fee discount the first time they apply for an APC.

November 2004 graduates

November graduates applying for an APC between 1 January and 31 March 2005 will pay a fee for that period of \$70. The fee for their first full APC from 1 April 2005 and 31 March 2006 will be \$280 instead of usual fee of \$450. Because of the timeframe of the HPCAA the Midwifery Council was only able to notify these November graduates of the changes to fees in early August.

Council recognises that some graduates may have difficulty meeting these costs and therefore, in addition to the fee discounts already mentioned for this group, Council will enable graduates in financial difficulty to apply to pay the first APC portion of \$70 by instalments. Council is exploring whether it will be possible to also receive payment by instalments for the APC fee from 1 April 2005 to 31 March 2006 for this group only.

Table three: Other fees from 18 September 2004 to 31 March 2006

Fee category	Fee from 19 September 2004 (GST inclusive)
Application for Registration by NZ graduate (from 1 July 2005)	\$330
Application for registration from overseas midwife	\$880
Application for Registration from Australian midwife applying under TTMR	\$420
Application from NZ graduate to sit National Midwifery Examination (from 1 July 2005)	\$245
Application to re-sit National Midwifery Examination	\$245
Application to sit National Midwifery Examination in overseas location	Applicable base fee plus any additional costs to be recovered
Application for change of conditions on Midwifery Scope of Practice	\$100
Fee for issue of Certificate of Good Standing or supply of documents required by midwife seeking registration in overseas jurisdiction	\$100
Fee for issue of any other certificate or copy of any certificate	\$70
Fee for inspection of Register at Midwifery Council Office	\$50

Midwifery Scope of Practice, Qualifications, and Competencies Consultation Document

In May, the Midwifery Council circulated a "Midwifery Scope of Practice, Qualifications and Competencies Consultation Document" that set out draft statements for feedback. This consultation formed part of the process that will culminate in this month's statutory gazettal of the Midwifery Scope of Practice and the Qualifications for Registration as a Midwife, as required of the Council under the Health Practitioners Competence Assurance Act (HPCAA).

It has been brought to our attention that not all midwives received the consultation documents and newsletter. Some received only two of the three documents. The Midwifery Council apologises for these problems with the mail out.

The Nursing Council posted the material out on our behalf, as at that time we did not yet hold the Midwifery Register with names and contact details. Every midwife with a midwifery APC should have received their own copy and we would be pleased to hear from any midwives who missed out as it may indicate that your details are not correct on the database.

Analysis of responses

The Council has now had the opportunity to analyse the 457 replies. Thank you to those who took the time to send in their feedback. This has been very useful for the Council.

Of the replies received, 412 were from individuals, 33 were from groups, and 12 did not state who sent them. Group

submissions came from consumer organisations, maternity facilities, DHBs, NZNO, Schools of Midwifery, groups of midwives, other professions, and NZCOM.

The majority of the responses supported the existing scope, competencies and qualifications as representative of midwifery practice in New Zealand. Some made suggestions for minor changes in wording to increase the clarity of the statements. A small number of submissions wanted the scope extended to include specialty areas of midwifery practice or to specify practice settings. Others raised issues in relation to their own practice and could not see where they 'fitted' in the scope. Some felt that core midwives were not reflected in the scope. Some demonstrated confusion about the purpose of a scope and its relationship to competencies. Some were unaware of the existing statements and how they were developed. Some midwives were concerned that they did not hold the required qualifications. We discuss below our responses to some of these issues.

Scope of Practice

As a result of some of the submissions we thought it would be useful to clarify what a scope is and how it is used.

The Midwifery Scope of Practice provides a broad statement of the boundaries of what a New Zealand midwife can do on her own professional responsibility.

This definition, once gazetted, provides a legal definition of New Zealand midwifery practice.

It does not mean that every midwife must practise the full scope all of the time. Rather, it is expected that all midwives can demonstrate that they are able to practise the full scope, even if their daily practice is more restricted. The scope must be broad because it sets the limits of what midwives are able to do. It also needs to be flexible to accommodate a variety of midwifery styles of practice, rather than be prescriptive or restrictive. As a bottom line the Midwifery Scope of Practice must reflect what the public expects from anyone holding the title of 'midwife'.

Competencies

The Competencies for Entry to the Register of Midwives provide the detail of the skills, knowledge and attitudes expected of a midwife to work within the Midwifery Scope of Practice.

Where the Midwifery Scope of Practice provides the broad boundaries of midwifery practice, the competencies provide the detail of how a registered midwife is expected to practise and what she is expected to be capable of doing. These are minimum competence standards required of all midwives who register in New Zealand. Again, not all midwives will necessarily demonstrate all competencies all of the time in their everyday practice. However, the Council expects that all midwives can demonstrate that they are able to meet these competencies on a regular basis.

It is important for midwives to understand the linkages between the Midwifery Scope of Practice and the Competencies because together they provide a full description of midwifery practice.

Response to specific themes in the feedback on the Scope of Practice

Where did the draft scope come from?

The draft scope reflects the international understanding of what midwifery is as it is based on the International Confederation of Midwives/World Health Organisation 1972 definition. It is the scope under which all New Zealand midwives have practised since autonomy in 1990 and is the Scope of Practice as determined by the Nursing Council in 1996. The HPCAA now requires all professions to define their scope of practice. It is the Midwifery Council's role to define this Scope and to ensure it is broad, enabling and flexible and reflects the context within which the New Zealand midwife practises.

The scope is only about normal childbirth

This is not the case. The scope is about midwifery practice and what a midwife can do on her own responsibility. It does not say that midwives can only provide care to women having normal childbirth experiences. It does say that midwives need to work collaboratively with other health professionals when complications are identified for the woman or baby. It does not say that the midwife must hand over care at that stage, although she may choose to do so. It does expect that midwifery care will be provided for all women no matter what their circumstances.

Clarification of the secondary/tertiary midwife's accountability within the scope

Council does not agree with some submissions that suggested that core midwives do not practise on their "*own professional responsibility and accountability*" because they work within standing orders and hospital protocols. Midwives are always responsible and accountable for the care that they give, no matter where or with whom they work. That is what being a member of a profession means. In situations where referral has been made to an obstetrician, the obstetrician has taken professional responsibility for the obstetric decisions made. The midwife is still responsible for her midwifery decisions and midwifery care she provides. If a midwife believes that a standing order or protocol should not be followed in a certain situation, then she is responsible for making a professional judgement about what to do and is then accountable for that decision. Core midwives have no less responsibility in these areas than any other midwife.

Emphasise the midwife's role in supporting normal physiology of childbirth

This was accepted and changes to the scope have been made to clarify this.

Include pre-pregnancy care in scope

At present, there is not sufficient evidence to make what would be a significant extension to the scope. Any such inclusion would require new competencies and the Council would want to consult widely on the issue.

Work collaboratively with other midwives

A number of submissions emphasised the need to consult and work collaboratively with midwifery colleagues and that this should be specified in the scope. While it is agreed that this is highly desirable, it is not always possible (for example, midwives

in isolated areas) and specifying it in the scope would make it too restrictive. The scope is also about the practice of all midwives, those who work with their own caseloads and those who are employed in facilities. The competencies do enable more detail to be provided around the need for collaboration with other midwives and other health professionals and these have been amended accordingly.

Extend scope to cover abortion services, family planning, and sexual and reproductive health.

These are specialty areas in their own right and do not fall within the midwifery scope of practice. A midwife may work with a woman who chooses to terminate her pregnancy and she will assist that woman to access the services she needs. It is not part of her role to provide that service. Midwives do advise women about contraception as part of usual postnatal care. However, they do not provide ongoing family planning services. Again, midwives might provide education, advice and care in relation to sexual and reproductive health but this will be in the context of pregnancy and childbirth, rather than a service outside of this time. Council acknowledges that midwives work in some of these specialty services and that they are likely to use their midwifery knowledge and experience in this work. However, Council believes that these midwives are not practising midwifery in these specialty services and a midwifery annual practising certificate is not required for this work.

Specify skills such as prescribing, episiotomy, suturing, intravenous therapy.

These skills fall within the knowledge and skills expected of a midwife in the criteria relating to competency two. Midwives are expected to be proficient in these skills.

Define the timeframe of postnatal period in the scope

It is generally accepted that the midwife continues to provide care through to six weeks after the birth. Section 88 requires midwives to provide postnatal care to at least four weeks. Occasionally midwives will need to continue to provide care longer than six weeks. The Council does not wish to be prescriptive. However, in the interests of clarifying the scope, particularly in relation to the nursing scope of practice, Council has amended the scope to define the usual period of midwifery care to six weeks postpartum.

The revised Midwifery Scope of Practice is below. This statement will be gazetted in August as required under HPCAA.

Feedback on the Competencies for entry to the Register of Midwives

The majority of respondents thought that the competencies reflected the Midwifery Scope of Practice. Again, there was some confusion about the competencies in relation to individual midwife practice. Hopefully our explanation of the relationship between scope and competencies above has clarified this misunderstanding. Other suggestions were to clarify meaning through minor amendments to wording.

Minor changes in wording have been made. It is important to read the competencies with their accompanying criteria. However, there was insufficient room for

this in the newsletter. The revised competencies and criteria can be found in full on the website (www.midwiferycouncil.org.nz).

The four final competence statements are listed below:

Revised Competencies for Entry to the Register of Midwives (as approved by Midwifery Council 30/7/04)

Competency One

"The midwife works in partnership with the woman throughout the maternity experience."

Midwifery Scope of Practice (as approved by Midwifery Council 28/7/04)

The midwife works in partnership with women, on her own professional responsibility, to give women the necessary support, care and advice during pregnancy, labour and the postpartum period up to six weeks, to facilitate births and to provide care for the newborn.

The midwife understands, promotes and facilitates the physiological processes of pregnancy and childbirth, identifies complications that may arise in mother and baby, accesses appropriate medical assistance, and implements emergency measures as necessary. When women require referral midwives provide midwifery care in collaboration with other health professionals.

Midwives have an important role in health and wellness promotion and education for the woman, her family and the community. Midwifery practice involves informing and preparing the woman and her family for pregnancy, birth, breastfeeding and parenthood and includes certain aspects of women's health, family planning and infant well-being.

The midwife may practise in any setting, including the home, the community, hospitals, or in any other maternity service. In all settings, the midwife remains responsible and accountable for the care she provides.

Explanation

The word midwife has an inherent meaning of being "with woman". The midwife acts as a professional companion to promote each woman's right to empowerment to make informed choices about her pregnancy, birth experience and early parenthood. The midwifery relationship enhances the health and well-being of the woman, the baby and their family/whanau. The onus is on the midwife to create a functional partnership. The balance of 'power' within the partnership fluctuates but it is always understood that the woman has control over her own experience.

Competency Two

"The midwife applies comprehensive theoretical and scientific knowledge with the affective and technical skills needed to provide effective and safe midwifery care."

Explanation

The competent midwife integrates knowledge and understanding, personal, professional and clinical skills within a legal and ethical framework. The actions of the midwife are directed towards a safe and satisfying outcome. The midwife utilises midwifery skills that facilitate the physiological processes of childbirth and balances these with the judicious use of intervention when appropriate.

Competency Three

"The midwife promotes practices that enhance the health of the woman and her family/whanau and which encourage their participation in her health care."

Explanation

Midwifery is a primary health service in that it recognises childbirth as significant and normal life event. The midwife is therefore responsible for supporting this process through health promotion, education and information sharing, across all settings.

Competency Four

"The midwife upholds professional midwifery standards and uses professional judgment as a reflective and critical practitioner when providing midwifery care."

Explanation

As a member of the midwifery profession the midwife has responsibilities to the profession. The midwife must have the skills to recognise when midwifery practice is safe and satisfactory to the woman and her family/whanau.

Response to specific feedback on the Qualifications for Registration

The majority of replies indicated support for the qualifications for registration. Several issues need further comment.

Registered midwives without a degree

Some midwives indicated concern that they did not hold a bachelor's degree in midwifery. Council wishes to reassure midwives that they will not be required to obtain a degree in midwifery. These qualifications apply to those who are seeking entry to the register after 18 September 2004 and will therefore apply to midwives from overseas and midwives graduating from New Zealand midwifery education programmes. In fact these qualifications are those that have been required for registration since 1996 (under the Nursing Council), so they will not mean any changes for New Zealand midwives. Overseas midwives will be assessed in relation to the qualifications but their initial midwifery education and their subsequent midwifery experience and ongoing education will be taken into account. The Council has recently consulted on the registration requirements for overseas midwives and the feedback from that consultation can be found elsewhere in this newsletter.

Registered nurse route to midwifery

Some responses wanted clarification on how nurses could qualify as midwives. Council is clear that a route to midwifery registration will remain for nurses, but the details of how much or any recognition of prior learning they should be entitled to will be discussed later in the year when the Council reviews the midwifery registration programmes.

Overseas midwives

Some respondents raised concerns about the standard of overseas midwives and the need for them to understand New Zealand culture and to have appropriate English language skills. This feedback has been considered in the consultation on the registration of overseas midwives and is reported elsewhere in this newsletter.

Miscellaneous issues

Some respondents took the opportunity to raise issues in relation to the current pre-registration midwifery education programmes. This was outside of the scope of this consultation but Council will consider this feedback when it begins its review of these programmes later in the year.

The revised qualifications are listed below. These qualifications will be gazetted in August as required by the HPCAA.

Qualifications for Registration (as approved by the Midwifery Council 30/7/04)

For New Zealand midwifery graduates

- *Completion of an approved bachelor degree in midwifery (minimum three years) provided by an accredited tertiary education provider, and*
- *Demonstration of the Competencies for Entry to the Register of Midwives, and*
- *A pass in the National Midwifery Examination set by the Midwifery Council of New Zealand, or*

For overseas midwives

- Overseas midwifery qualification, post-registration midwifery practice, post-registration education and midwifery competence portfolio deemed by the Council as equivalent in content and competence to the current New Zealand qualifications for midwifery registration, and
- Current registration as a midwife with a midwifery registration authority in the same country of registration as where the initial qualification was completed, or

For Australian midwives (except Western Australia) applying under the Trans Tasman Mutual Recognition Act 1997

- Current registration as a midwife with any state or territory in Australia which performs the function of registering midwives under the provision of the Trans-Tasman Mutual Recognition Act 1997

Response to Consultation on Registration Policies

Council received feedback from two individuals and 11 groups or organisations, including several educational institutions, NZCOM and several DHBs. The responses were diverse and no major themes were identified. However, some submissions provided very clear rationale for their arguments and as a result Council has revised its policies to make sure they are not too prescriptive in the first instance. As Council gains experience with registration and as feedback is received on the impact of these policies from the public, the profession and from industry, changes can be made in the future if required.

Full details of the registration requirements are available on the Midwifery Council website. A brief overview is provided below.

Registration policy for all applicants

The HPCAA sets out specific information that is required for all midwives wishing to register in New Zealand. These fall under three main categories:

- *Fitness (evidence that the applicant is a fit person to be registered as a midwife. This includes providing proof of effective communication skills, English language ability, no convictions other than minor traffic offences, no mental or physical condition that could adversely affect practice, no endangerment to health and safety of the public and not under investigation or the subject of any disciplinary procedure).*
- *Qualifications (evidence of qualifications required, as listed above in section on qualifications for registration).*
- *Competence to practise in Midwifery Scope of Practice (measured by the Competencies for Entry to the Register of Midwives)*

Each registration policy outlined below requires the applicant to provide evidence of having met each of the three criteria for registration in the HPCAA.

Applicants qualified in New Zealand

New Zealand graduates are required to have successfully completed an approved three-year bachelor's degree in midwifery through an accredited tertiary education provider. At present only five educational institutions are accredited providers (Auckland University of Technology, Waikato Institute of Technology, Massey University, Christchurch Polytechnic Institute of Technology and Otago Polytechnic). All the midwifery programmes must ensure that graduates meet the required number of theory and practice hours and the required number of births. They must also assess each student against the

Competencies for Entry to the Register of Midwives.

On completion of the programme all graduates must sit the Midwifery Council National Midwifery Examination. In the immediate future this will be a three-hour multiple-choice examination.

Successful candidates will be entered on the Register of Midwives and can then apply for a practising certificate. There is no provision to allow for an automatic approval of the APC without the applicant making formal application. However, the Council will make the process as fast as possible and expects that successful candidates from the November 2004 examination will be able to obtain an APC by the middle of January if they make a prompt application. It may be possible to provide the APC in late December but Council is reluctant to commit to this timeframe until it has experience in running the exam. However, every effort will be made to achieve this earlier timeframe if possible.

Applicants qualified overseas

Council will make an individual assessment of each overseas applicant. An assessment will be made of the evidence provided as to fitness to be registered. Those who do not meet the fitness criteria will not be registered.

Details of the applicant's pre-registration midwifery programme, post-registration midwifery practice, post-registration education and portfolio evidence of competence will be assessed and will be deemed either

- Equivalent to the current NZ bachelor's degree programme, or
- Not equivalent to the current NZ bachelor's degree programme, or
- Insufficient evidence to determine equivalence.

Those who meet the fitness criteria and are assessed as having equivalent qualifications will be entered onto the Register of Midwives. Council expects that the majority of midwives will be able to meet these criteria, except perhaps for some of the competencies that are specifically related to the NZ context. If Council considers that a midwife does not meet all of the competencies it can impose conditions on the Midwifery Scope of Practice. These conditions will then also apply to the APC (see below).

Those who do not have equivalent qualifications will not be registered and may apply for entry to one of the accredited education providers for entry into a NZ pre-registration programme.

Those for whom the evidence is insufficient to determine equivalence will

- Undertake a Competence Assessment in a clinical setting. This assessment will be over a 4 – 6 week period and will be undertaken by an approved Assessor. During the period of assessment the applicant will practise under the supervision and direction of the midwife assessor.

If the applicant is deemed competent after a Competence Assessment they will be entered onto the Register of Midwives. If not, they will either

- Be required to undertake an individual Competence Programme, or
- Be advised to apply for entry to one of the accredited education providers for entry into a NZ pre-registration programme.

Council recognises that most overseas midwives will have difficulty meeting all of the Competencies for Entry to the Register of Midwives because they are unfamiliar with the New Zealand context and many countries do not allow midwives

to prescribe to the same extent as in New Zealand. Therefore, it is likely that most overseas midwives will have conditions placed on their Scope of Practice. As the registration and APC processes are separate any conditions imposed on the scope of practice through the registration process will also be reflected on their APC. The conditions will be as follows: That the midwife:

- May not work in sole practice as a Lead Maternity Carer; and
- May not prescribe any medications; and
- Completes an approved Competence Programme within 18 months of the date of registration. This Competence Programme will include the following modules:

- a) New Zealand maternity system
- b) Midwifery Partnership
- c) Cultural Safety
- d) Treaty of Waitangi
- e) Pharmacology and prescribing

When the midwife has completed any required approved Competence Programme she may apply for a change in scope (removal of conditions).

The main difference between this policy and the current Nursing Council policy is that midwives will be able to practise (with conditions) while they complete the competence requirements. At present they are unable to work until they have undertaken the prescribing course. The other modules in the competence programme are new but Council has received significant feedback through all its consultation processes to date about the need for overseas midwives to undertake such education. Council is not saying that overseas midwives cannot work as LMCs, but they cannot prescribe and they will need to provide evidence that they are not working alone and are part of a group practice

or have an identified mentor until they have completed the competence programme requirements.

Applicants applying under TTMR

Midwives from Australia who apply for registration under the Trans Tasman Mutual Recognition Act are entitled to deemed registration. However the Council can impose conditions for various reasons, including achieving equivalence with New Zealand midwifery practice. As for other midwives from overseas, Council considers it unlikely that midwives from Australia will be able to meet all the Competencies for Entry to the Register of Midwives. An individual assessment will be made but it is likely that the same conditions as those listed for other overseas midwives above will be imposed on the practising certificate.

The Midwifery Council will be releasing details of the modules in the Competence Programme and its criteria for approval of these modules and the programme. Council expects that educational institutions and other providers will be able to offer these modules from 18 September 2004 for midwives wishing to register from overseas.

Once the Competence Programme requirements have been met and the midwife has applied to have the conditions on the scope lifted, the midwife will be required to meet the same recertification requirements as all other midwives practising in New Zealand in order to be granted further APCs.

Recertification programme

The Midwifery Council has released a discussion document on its proposed Recertification Programme. All midwives will need to participate in this programme in order to obtain an annual practising certificate each year. The programme itself runs over a three-year cycle, although there are elements within it that will need to be undertaken each year.

The Recertification Programme Discussion Document can be downloaded from the Midwifery Council website or accessed through NZCOM National Office or Regions. It is also available through the DHBs and NZNO. Please read it and send us your feedback by 17 September 2004.

Obstetric Nurses

During the Nursing Council consultation on its scopes of practice definitions for nurses, the Midwifery Council discussed with the Nursing Council the possibility of bringing Registered Obstetric Nurses under the Midwifery Council for regulation. As Registered Obstetric Nurses work closely with midwives and in maternity areas it was considered that it would be easier for them to demonstrate their continuing competence for the APC with the Midwifery Council. The Midwifery Council has also been approached by some Obstetric Nurses who would like to be regulated by the Midwifery Council.

However, to make this possible the Midwifery Council would need to define a new scope of practice for these practitioners and they would have to have a new title that did not contain the word 'nurse'.

Given the short timeframe for consultation and the requirement

of the HPCAA to gazette the scopes of practice in August, Council has not pursued this idea at this time. However, it is still possible to do this in the future.

Even if the current Obstetric Nurses do not wish to work with the Council on this proposal, the midwifery profession and the maternity service sector still need to consider whether there is a need for another (less highly trained) midwifery practitioner within the maternity workforce. There are shortages at present and some obvious areas that could benefit from another practitioner such as postnatal wards and primary maternity units that need 24-hour staffing.

The Midwifery Council intends to consult with the profession and other stakeholders to explore this possibility and develop some formal proposals. We are interested in hearing from midwives and Obstetric Nurses on this issue at any time but we will release a discussion document in the next few months.

Professional Conduct Committee

The HPCAA requires each authority to establish a Professional Conduct Committee (PCC) to investigate complaints referred by the Health and Disability Commissioner and to investigate the circumstances of certain offences committed by health practitioners.

The PCC must consist of two registered midwives and one layperson. One of these members may be a member of the Midwifery Council but the other two must be appointed from outside the Council. The Midwifery Council has appointed Sharron Cole as the Chairperson of the PCC. Sharron is the Deputy Chair of Council and a lay member. She has extensive relevant experience

working in the area of ACC medical misadventure since 1992 and as a member of the Medical Practitioners Disciplinary Tribunal since 1996 and we are fortunate to have someone with her wealth of experience.

The Midwifery Council sought nominations from midwives and has appointed three to form a small pool from which two midwives will be drawn for each hearing. The midwives are Jane Stojanovic, Joan Skinner and Yvonne Morgan. We hope to expand this available pool of midwives when our financial situation improves. In the meantime we will be working with the PCC to develop its procedures and to provide some training so that the PCC is ready to operate by 19 September if necessary.

Forum

Last but not least, a reminder that the Midwifery Council will host its first Forum in Wellington on 1st and 2nd December 2004.

The first day will be for discussion on general issues including scope, competencies, registration, the Recertification Programme, Competence Review procedures and complaints processes. The second day will focus on midwifery education. Council intends to review the current criteria for the pre-registration midwifery programmes and develop its own standards for these programmes. This review will commence at the Forum with an opportunity for midwives and other stakeholders to discuss midwifery education matters. This may also be an opportunity for discussion about workforce issues and the potential for another practitioner to work with midwives.

Venue, programme and costs will be available soon and will be posted on the website and notified in the next newsletter. Mark the dates in your diary now.



midwifery council
of new zealand

Council activities to end of 2004.

The Midwifery Council has worked hard to develop the policies and processes it has adopted to date. There has been a limited timeframe and we appreciate the contributions and support of many midwives over the last few months. We believe that we will be ready for 18 September but acknowledge that we may not have got everything 'right' first time. We will be reviewing all our policies after the first year of operation and we will make changes if necessary. There is still much to do and the following is a summary of our activities through to the end of the year.

- Finalise Recertification Programme and begin implementation
- Set criteria and processes for approval of education programmes/courses for:
 - Registration Competence Programme
 - Continuing Education Courses
 - Individual Competence Programmes
- Develop and consult on policy in relation to 'Return to Practice' programmes
- Establish processes for PCC
- Establish criteria and process for Competence Reviews
- Commence review of pre-registration midwifery education programmes