



REPORT:
**Consultation of Stakeholders on the Midwifery Council
Recertification Programme**

May 2008

Introduction

The Midwifery Council established its Recertification programme in April 2005 in order to meet the requirements of the Health Practitioners Competence Assurance Act (2003) that midwives maintain competence to practise. The Recertification Programme was developed following extensive consultation of midwives and with strong support for the programme and its components.

In November 2007 towards the end of the first three-year cycle (1 April 2005 – 31 March 2008) the Midwifery Council again consulted with midwives and stakeholder groups as part of its review of the programme. Council sought the perspective of midwives and stakeholders on how the programme had worked, how it had impacted on midwifery competence in general, what worked well, what problems there might be, and what changes might be made.

The Survey:

The survey was issued via post to stakeholder groups and individuals. A total of 132 were sent out. Completed surveys were then returned to the Midwifery Council via post. 36 responses were received, being a response rate of 27%. Respondents were asked to identify if they were answering as an individual or an organisation, and to give the name of the organisation. A contracted format version of the survey is given in the appendix.

A range of question types was used, including yes/no tick boxes, requests for comments and Likert scale assessments. The tick box responses are represented as percentages (e.g. 60% - yes, %40 – no). The comments are categorised into three groups: positive statements, negative statements, and suggestions. Where appropriate, the data were further divided into subcategories relating to themes identified in the data, such as availability, format, scope, time etc. A Likert scale is a five point scale of intensity (e.g. 1= very useful, through to 5= not at all useful). Responses to these scales are expressed as an average, which is the Likert score for those questions.

This report consists of an analysis and summary of the survey data.

1) Demographics:

- 36 respondents participated in the consultation – a response rate of 27%.
- 18 respondents identified themselves as responding as an individual.
- 18 respondents identified themselves as responding on behalf of an organisation.

1) Technical Skills Workshop (TSW):

Overview:

- 94% of respondents believed TSW should remain a three year requirement
- The 2 respondents who thought it should not, thought 1-2 yearly and 2 yearly to be the appropriate time frame respectively.
- Average Likert score for usefulness of the component in assisting midwives to maintain competence was 1.58.
- 30 comments were received, of which 86% were positive, and of a general nature, with the most common theme the positive impact of having LMC and core midwives learning together. 14% were negative, and general in nature.
- 3 suggestions were received, referring to the need for flexibility, with options for exemptions.

a) General Picture:

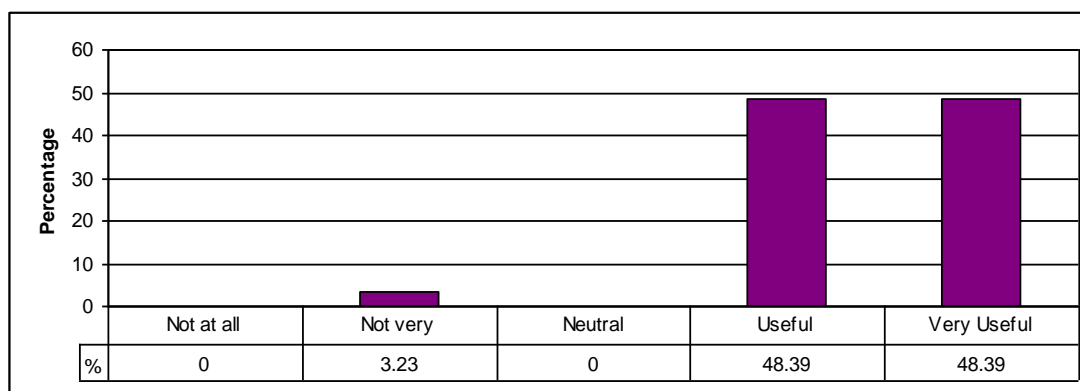
i) The 3 year Requirement:

The vast majority of respondents (94%) believed that this should continue to be a 3 yearly requirement. The two respondents (6%) who thought otherwise were asked to state why and indicate how often it should be done. One respondent suggested that it should be increased to 2 yearly as it is a “valuable learning environment and necessary to update emergency skills that often”. The other respondent gave no reason for their belief that TSW should be changed to 1-2 yearly.

ii) Use

Respondents were asked to indicate how useful they believed TSW had been in assisting midwives to maintain competence, using a 5-point Likert Scale (Fig. 1). A 5 indicated the TSW was not at all useful and a 1 indicated it was very useful. The average score arising from the sample was 1.67. 97% of respondents believed the TSW to be useful or very useful, while only 3% did not believe it to be useful.

Figure 1 TSW: Usefulness



b) Comments:

- 21 respondents submitted comments (58% of sample)
- Positive comments - 86% (18 comments)

The majority of the positive comments were of a general nature (16), with 7 of these mentioning the positive impact of having LMC, primary and secondary midwives learning together. Other general comments addressed the positive feedback received from midwives and the increase in confidence seen in midwives who had attended TSWs. The component was further seen as an important aspect of safe practice. One comment focused on the necessity of TSWs and another on the content of TSWs.

A sample of the positive comments (some comments are abridged):

- midwives speak of enjoyment of TSWs and how much they get from them
 - high satisfaction with NZCOM courses and building of collegial relationships between core and LMCs that learning together provides.
 - huge boost to midwifery population. Improved lots of things for the profession - networking, emergency skills, competency, understanding of LMC/core respective roles
 - extremely positive feedback from midwives attending TSW, and welcoming of opportunity to update with latest research in safe and facilitative environment.
- Negative comments - 14 % (3 comments)

Two negative comments were of a general nature, and one addressed the scope of the TSWs. The negative comments are included below (some are abridged):

- experienced midwives do not find this useful
- attending study days and writing reflections does not demonstrate competence, but does show they are up to date with current practice
- topics not always appropriate or necessary for some midwives.

c) Suggestions: (3 received)

- That some refinement is appropriate. Some flexibility needed whereby other workshops could be substituted.
- Should be a mechanism to exempt some midwives, from parts of TSW, on their demonstration of expert skills in that aspect. TSW assessors should be exempt.
- Apply some flexibility or even exemptions.

2) Adult CPR:

Overview:

- 83% of respondents believed that the Adult CPR component should remain an annual requirement.
- The average Likert score relating to usefulness of this component was 1.77.
- 15 comments were received regarding this component. Of these, 87% were positive, almost all of these related to the necessity of the course. 13% were negative, and of a general nature.
- One suggestion was received:
 - Make CPR in line with NZRC level requirements (e.g. level 4)

a) General Picture:

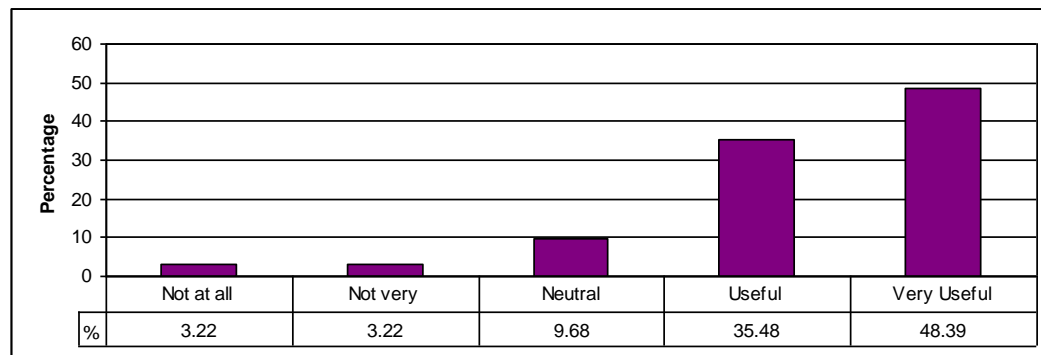
i) The Annual Requirement:

Respondents were asked to indicate whether they agreed that Adult CPR should remain an annual requirement. The majority of respondents (83%) believed that it should. The 6 respondents (17%) who believed otherwise were asked to provide a reason for this belief, and to indicate how often they believed attendance was necessary. Three respondents believed 2 yearly to be appropriate, but gave no reason for this suggestion. One respondent suggested that it not be annually, but that their membership was divided as to the optimal frequency. One respondent stated that it was “already part of an annual refresher programme”. The other respondent in this group suggested 3 yearly “unless the procedure changes dramatically”.

ii) Use

Respondents were asked to indicate how useful they believed the course to be in assisting midwives maintenance of competence, using a 5-point Likert scale (Fig 2). A 5 indicated the course was not at all useful, whereas a 1 indicated the course was very useful. The average Likert score was 1.77. 84% of respondents to this question indicated they had found the course useful or very useful. 6% of these respondents indicated the course was not at all useful or not very useful.

Figure 2 Adult CPR: Usefulness



b) Comments:

- 15 respondents submitted comments.
- Positive comments - 87% (13 comments)

The majority of positive comments related to the necessity of the course (11).

- For example, “vital hands-on practice”, “key skills”, “vital skills”

Two comments were general; e.g. “increases confidence”.

- Negative comments - 13 % (2 comments)
 - often providers are not midwives, needs to be put in obstetric context e.g. PPH collapse
 - attending study days and writing reflections does not show competence.

c) Suggestion:

Make CPR in line with NZRC level requirements (e.g. level 4).

3) Neonatal Resuscitation (NNR):

Overview:

- 94% of respondents believed that the neonatal resuscitation component should remain an annual update.
- The average Likert score measuring usefulness of this component in assisting midwives to maintain competence was 1.33.
- 20 comments were received in relation to this component. Of these, 95% were positive, a slim majority of which related to the necessity of the component. One negative comment was received.
- 5 suggestions were received. Two repeated themes were:
 - Exemptions should be allowed in certain circumstances
 - NZRC standards should be used.

a) General Picture:

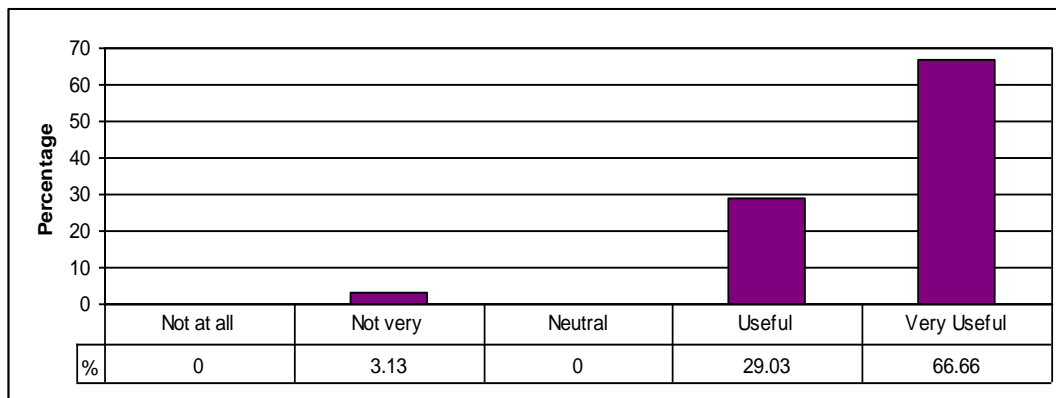
i) Annual Requirement:

Respondents were asked to indicate whether they agreed that the NNR component should remain an annual requirement - 94% believed it should. Those who that believed it should not were asked to specify a reason for this belief, and to suggest a more appropriate timeframe. The two respondents gave no reason for their suggested time frame of 2 years and 2-3 years respectively.

ii) Use:

Respondents were asked to indicate how useful they believed the update to be in assisting midwives to maintain their competence, using a 5-point Likert scale. A 5 indicated the courses were not at all useful. A 1 indicated they were very useful. The average Likert score for the sample was 1.38. Two thirds of the sample indicated the update was very useful (Fig 3).

Figure 3 Neonatal Resuscitation: Usefulness



b) Comments:

- 20 respondents submitted comments (55% of sample).
- Positive comments - 95% (19 comments).
 - Most comments (11) related to the necessity of the component; for example:
 - “absolutely essential component”, “vital skill”.
 - Others (8) were of a more general nature; for example:
 - increases confidence
 - slight changes due to EBP. Annually gives confidence
 - valuable skill and competence across profession important.
- Negative comments - 5 % (1 comment):
 - attending study days and writing reflections does not demonstrate competence.

c) Suggestions: (5 received)

- Flexibility required for a small number of midwives often involved in NNR (2).
- That NZRC standard be used (2), for length – 6 hrs, and consistency nationally.
- That MC stipulate “neonatal” resuscitation – some courses only cover ‘infants’ in general.

4) Breastfeeding Update:

Overview:

- 61% of respondents believed that the breastfeeding update should remain a 3 year requirement. 33% believed it should not. 2.8% were unsure, and 2.8% gave a qualified response.
- The sample average Likert score for usefulness of the update was 1.88.
- 23 comments were received, with 12 positive and 11 negative responses.
- 11 suggestions were received, the most common was:
 - That Council's requirements be in line with BFHI/BFCI requirements (5).

a) General Picture:

i) The Three Year Requirement:

The majority (61%) of respondents indicated that the breastfeeding update should remain a 3 year requirement. The 33% who responded it should not were asked to state why they thought this, and to indicate how often they thought it should be done. One respondent answered 'Unsure' and another answered 'Yes, for LMCs'. No reasons were given as to why the update should not be three yearly. Suggestions for an alternative time frame for the update were received from 16 respondents. There was considerable variation in these responses. Table 4.1 illustrates the suggestions given by those respondents who thought the breastfeeding update should not be triennially.

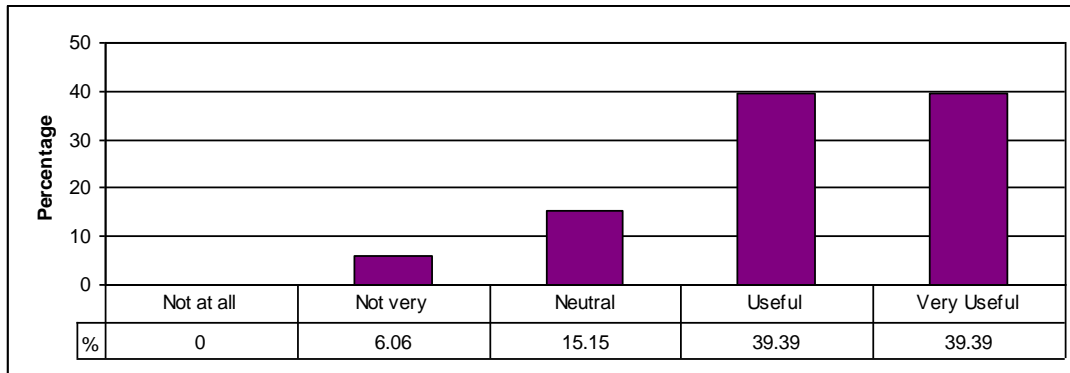
Table 4.1 Proposed frequency of Breastfeeding Update

Proposed frequency of update	Number of respondents
Aligned with BFHI/BFCI	4
Annually	5
Annually (4hrs) and 3 yrly (8hrs)	2
2 yearly	1
More frequently	1
3 yearly or optional (no consensus)	1
6 yearly, with informal updates in interim	1

ii) Use:

Respondents were asked to indicate how useful they believe this component has been in assisting midwives maintain competence, using a 5-point Likert scale (Fig 4). A 5 indicated the courses were not at all useful. A 1 indicated they were very useful. The average score was 1.88. 79% found it useful or very useful, while 6% believed it to be not or not very useful.

Figure 4 Breastfeeding Update: Usefulness



b) Comments:

- 22 respondents submitted comments.
- Positive comments - 52% (12 comments).

Most comments were general in nature (9). They included note of its role in improved breastfeeding rates for some midwives, its role in maintaining the profile of breastfeeding, and the value of the course itself. Two respondents believed it to be an essential component in the programme. An example of a positive comment is included:

- valuable day for review, sharing ideas, problems and solutions, updated research and latest physiology
- Negative comments - 45 % (10 comments).
- 5 comments were general in nature. These included comments that the updates are not frequent enough and that they don't 'scratch the surface'. One comment stated that attending study days and writing reflections does not show competence. Comments relating to the format of the update suggested that many midwives are confused as to whether this component is compulsory or elective, and the number of course hours needed to meet the requirement. Two comments were made regarding the quality of content of certain updates, and the need for this to be reviewed.

c) Suggestions: (11 received)

- Updates should be in line with BFHI/BFCI requirements (5).

- That MC develop clear objectives on content and delivery of education, in partnership with consumer groups.
- That social, practical and technical aspects be included in the education programme.
- Provide 'key focus' to education each 3yr cycle.
- That more breast feeding courses be accredited points – for broader knowledge.
- That MC state required length for course.
- That LCs should be exempt from this.
- Review broad workload issues to ensure midwives have time for breastfeeding support.

5) Midwifery Standards Review (MSR):

Overview:

- It was most commonly thought that core midwives should attend MSR every two years (47%), followed by 28%, who opted for three yearly MSR.
- Opinion on frequency of LMC attendance at MSR was also split, with annual (37%) and two yearly (31%) the most common suggestions.
- Most respondents believed it to be a useful or very useful component in assisting midwives maintenance of competency (66%). The Likert average score was 1.33.
- 39 comments were made in relation to this component. 46% were positive and were mostly general in nature. 54% were negative. Most were general, the next largest group of comments relating to the format of the MSR.
- 15 suggestions were received and included:
 - Continue/expand review team discretion re frequency of MSR(8)
 - Non-participation in MSR should have consequences (2)

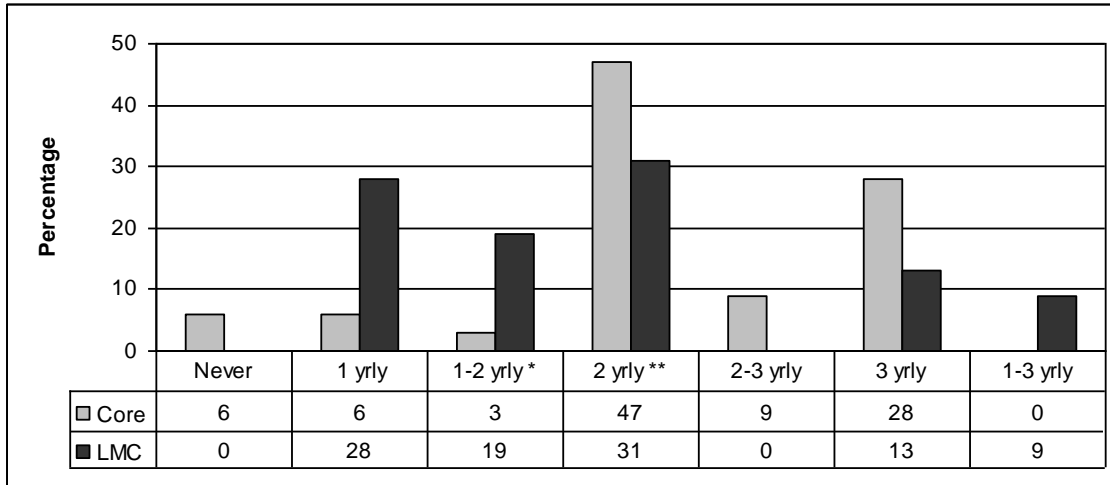
a) General Picture:

i) Frequency of MSR for Core/LMC:

Respondents were asked how often they believed core midwives and LMCs should attend MSR. The general opinion indicated that LMCs should attend MSR more frequently than should core midwives. The most frequently suggested time frame for core midwives was 2 years (47%). The current 3 year requirement was the second most frequent response given in relation to core midwives, with 28% of respondents holding this view (Fig 6.1).

Opinion was split regarding the time frame believed to be appropriate for LMCs to attend MSR, with annual review receiving the greatest support (37.5%), followed closely by a preference for a biennial review (31%) (Fig 5.1). Half of the respondents categorised into the 1-2 yearly group specified a desire for annual review for LMCs, with the MSR team having flexibility to recommend an extension or 2 yearly option available. 20% of respondents who chose a two yearly time frame for review specified that new graduates and midwives from overseas should be excluded from this frequency, although they did not identify an appropriate frequency for these particular groups.

Figure 5.1 MSR: Proposed Frequency for Core and LMC midwives



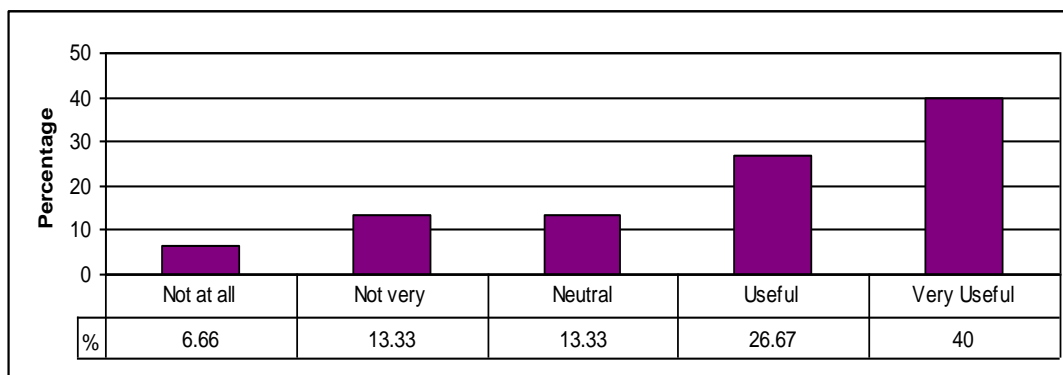
* 50% of these specified 1 yrly, with extension/2 yrly option available for LMCs.

** 20% of these wanted new graduates and overseas midwives excluded from this time frame.

ii) Use:

Respondents were asked to indicate how useful they believed MSR has been in assisting midwives maintain competence, using a 5-point Likert Scale (Fig 5.2). A 5 indicated the MSR was not at all useful, and a 1 indicated it was very useful. The average score from this sample was 1.33. 67% believed the MSR to be useful or very useful and 20% believed it not very, or not at all, useful.

Figure 5.2 MSR: Usefulness



b) Comments:

- 40 comments were submitted.
- Positive comments - 45% (18 comments)

- Most comments were general in nature (11), with a significant number referring to the format (5) and 2 referring to potential cost benefits to come. The general comments focused on the importance of the component, with particular reference to the role it has in facilitating midwives' reflection on practice. Comments addressing the format of MSR affirmed the flexibility/discretion that review teams have regarding the frequency of reviews (2). Consumers were identified as a "challenging but key facet" of MSR which "must be maintained" (2).

A sample of the positive comments (some comments are abridged):

- MSR is an important criteria for ensuring quality care
 - provides midwives opportunity to articulate what they do and why, and receive feedback, be valued for their work etc. Even more important for midwives who work in isolation
 - extremely valuable process. Self reflection has benefited core midwives in understanding their role as a midwife in employed setting and revisited the standards for practice.
- Negative comments - 55 % (22 comments)

Most comments were general in nature (11), with a significant number referring to the format (7) and 2 referring to costs, and 2 referring to the necessity of MSR for core midwives. Many of the negative comments focused on the problems of having one format (based on the LMC model) for two groups of midwives who practice differently in contrasting contexts (9). Others commented that core midwives already have an effective appraisal system and that the MSR process was unnecessary and/or inappropriate for these midwives (4). It was also noted that the integration of MSR into the recertification programme has resulted in a change of focus from standards for practice to competency or recertification (3).

A sample of the negative comments (some comments are abridged):

- DHB midwives have robust annual appraisal system - competency, professional and career development
- oppose "single system" - Competence can be assessed by a variety of systems provided that a single std is used
- impossible to review core midwives using LMC model
- last 3yrs changed to 'tick box' recertification/competency review, lost focus on standards for practice
- MSR has "no teeth".

c) Suggestions: (15 received)

- Continue/expand discretion of the review team re frequency of MSR (8)
- Non-participation in MSR should have consequences (2)
- That MC provide clear guidelines/expectations re requirements of MSR – recertification/standards.
- That a more flexible approach be allowed
- That compliance costs are reduced

- Look for alternative means for assessing core midwives.

6) Elective Education:

Overview:

- 91% of respondents believed that this component should continue, 3% believed it should not, and 6% answered “Yes and No” regarding its continuance.
- 71% of the 78% of the sample who answered this question believed that 40 points was an appropriate level. 29% believed it was not.
- 22 comments were received. 45% were generally positive and affirmed the role of this component in midwives’ ongoing education. 55% were generally negative, with most of these addressing problems with the format of the points system.
- 10 suggestions were received and included:
 - Need for more flexibility in the programme
 - That MC address issues with points allocation process
 - Change the points values/totals
 - That MC establish national ‘key focus areas’ to enable providers to develop programmes, e.g. reducing interventions.

a) General Picture:

i) Should elective education component continue?

The vast majority (91%) believed that the elective education aspect should continue. The 3% (1 respondent) who believed it should not, and the 6% (2) who answered ‘Yes and No’ to the question, were asked to provide reasons for this. Two respondents believe that the points system should be abandoned, and one suggested that more of the component should be compulsory and that the costs for it should be reduced.

ii) Is 40 points about right?

68% of the 78% of the sample who answered this question believed that 40 points was an appropriate level. 31% (9 respondents) believed it was not. Those who answered ‘No’ were then asked what level of points they thought to be appropriate. Opinion was split as to the appropriate number of points. Table 6.1 illustrates the number of points those wanting change believed to be appropriate.

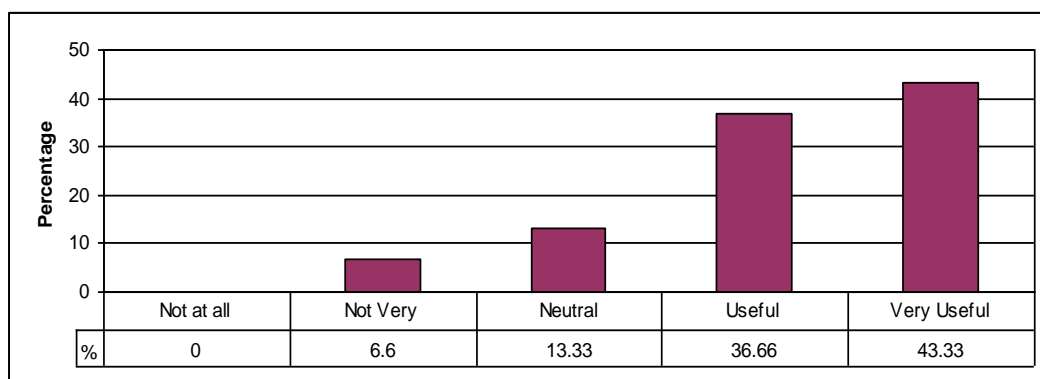
Table 6.1 Number of points proposed

No. of Points	No. of Respondents
None	1
20	2
30	3
50	1
Review pts allocation	1

ii) Use

Respondents were asked to indicate how useful they believed this component to have been in assisting midwives maintain competence, using a 5-point Likert scale (Fig 6). A 5 indicated the courses were not at all useful and a 1 indicated they were very useful. The average Likert score was 1.83. 80% believed it to be useful or very useful and 7% believed it to be not or not very useful.

Figure 6 Elective Education: Usefulness



b) Comments:

- 22 respondents submitted comments.
- Positive comments - 45% (10 comments)

All of the comments were of a general nature, with several relating to the component's role in supporting/encouraging a commitment to ongoing education. Two respondents identified it as a "key element" in the recertification programme.

A sample of the positive comments (some comments are abridged):

- strong support for principle of demonstrating commitment to ongoing education
- Encourages midwives to strive for knowledge and new skills/interests.

- Negative comments - 55% (12 comments)

Most of the negative comments addressed the points format of this component. In particular, several respondents noted that many midwives were now 'points chasing' rather than focusing on the content of the education offered by a particular course. The variability in the value of points (for hours spent), the point allocation process and the requirement itself were the most commonly criticized aspects. Workforce issues, such as staff shortages and issues for part time midwives, are affecting the achievability of this component. Two respondents commented negatively on its cost.

A sample of the negative comments (some comments are abridged):

- workforce issues (staff shortages) mean some midwives have difficulty reaching this requirement
- difficult for part time employed midwives, most of whom are mothers and/or students
- workshop points too high, too easy to get points
- too much variation in points allocated, risk of midwives shopping around for points rather than professional development. Midwives should be able to choose and account for education undertaken - not require MC approved pts.
- points variable for cost, risk of midwives shopping around for points not professional development. Midwives should be able to choose and account for education undertaken - not require MC approved pts.

c) Suggestions: (10 received)

- Establish national 'key focus areas' to enable providers to develop programmes, e.g. reducing interventions (2)
- Change points value/totals (2)
- Need more flexibility (4) – MC consider cost and time especially for part timers
- That MC provide feedback for submitters of education packages
- Needs to be easier to get points allocated to courses
- That providers keep workshops interesting and relevant
- Increase points available from 'unallocated' courses
- Rather than points have x number of workshops/days.

7) Professional Activities:

Overview:

- Most respondents (87%) believed that the component should continue.
- Opinion was split in relation to whether 30 points was an appropriate level, with the majority (59%) believing it was, 29% believed it wasn't and 10% were unsure. The most commonly suggested alternative given by the later two groups was 'none' (4 respondents).
- Most respondents believed it to be a useful or very useful component in assisting midwives maintenance of competency (71%). The Likert average score was 2.11.
- 28 comments were received. 36% were positive and were general in nature. 64% were negative, and were mostly general, with the format the next most common focus. Small numbers of comments addressed time, accessibility and availability, and costs of the component.
- 7 suggestions were received and included:
 - Abandoning 'point' system
 - If points are to continue - combine or apply flexibility to elective education and professional activities, with 'x' number minimum for each group.
 - Link to annual employer's appraisal.

a) General Picture:

i) Should Professional Activities Component Continue?

Respondents were asked to indicate whether they thought the Professional Activities component of the Programme should continue. 87% believed it should continue and 13% believed it should not. Those who answered "No" were asked to provide a reason for their answer. Those who did raised three issues –

- i. difficulties with its achievability for older, part time, unwell or pregnant midwives
- ii. it doesn't contribute to core standards and that professional activities are the domain of professional associations, not the regulator
- iii. it is "ridiculous that Council won't allocate points if activities are part of usual employment or practice requirements".

ii) Is 30 Points about Right?

Respondents were asked to indicate whether they thought 30 points over 3 years was appropriate. 59% of respondents to this question (80% of the sample) believed that 30 points was right, 31% responding it was not, and 10% were unsure.

Those who indicated that 30 points was an inappropriate level were asked to specify what level they believed would be appropriate. There was no consensus as to the most appropriate level, although the most common response was 'none'. Table 7.1 illustrates the responses to this question by those who had answered that 30 points was not an appropriate number.

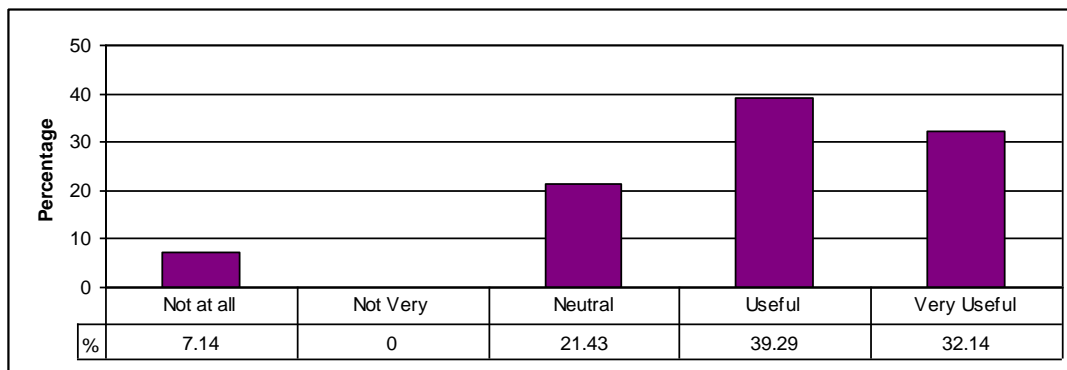
Table 7.1 Number of points proposed

Number of Points	Number of Respondents
None	4
Unsure	2
10	1
15	2
20	2
40	1

iii) Use

Respondents were asked to indicate how useful they believed the elective education component has been in assisting midwives maintain competence, using a 5-point Likert scale (Fig 7). A 5 indicated the courses were not at all useful and a 1 indicated they were very useful. The average score arising from the sample was 2.11. 71% believed it to be useful or very useful, with 7% believing it to be not or not very useful.

Figure 7 Professional Activities: Usefulness



b) Comments:

27 respondents submitted comments.

- Positive comments - 37% (10 comments)

The majority of positive comments were of a general nature (8) articulating support for the concept of requiring increased involvement in the profession and encouraging midwives' support of students. Two comments related to the necessity of the programme as an important aspect in the development of the profession.

A sample of the positive comments (some comments are abridged):

- Many midwives are working with students, 30 points generally achievable, despite concerns.
- reflects profession's ethical standards and is important aspect in development of profession
- strongly support principle, especially re supporting student midwives.
- also supports QLP activity/process.

- Negative comments - 62% (17 comments)

Most of the negative comments were of a general nature, relating to complaints from midwives, or the need for this component in the recertification programme. Difficulties in its achievability were raised by some, and the practice of 'point chasing' by others. Difficulties with availability and accessibility and time commitments were raised by a few. The points format was criticised by some and the role of Council in defining acceptable activities was also questioned.

A sample of the negative comments (some comments are abridged):

- professional activities happen anyway, without the need for points or being made compulsory
- many complaints from midwives, and service providers have been very slack at meeting midwives' needs
- move from chasing points to meaningful and relevant professional activities
- great source of stress for most core midwives. Case-loading midwives often have more opportunities to precept/mentor etc
- MC judgments questioned re what is deemed to be professional activities for individual midwives
- staff shortages mean midwives don't have time or energy for professional activities.

c) Suggestions: (7 received)

- Wipe points and have 'x' many activities to attend.
- Link to annual appraisal (employer)
- That Council consider the impact of this part on part time midwives – need flexibility or adjustments of points
- That MC decrease or not increase points required, to improve achievability (2)
- Apply flexibility for professional activities and elective education

- Combine professional activities and elective education with 'x' number – minimum in each group, if points are to continue.

9) Scope:

Overview:

- Two thirds of respondents believed that all midwives should be required to work across the scope. 27% thought they should not and 6% were unsure.
- 17 comments were received. 59% of these were positive, and most related to the importance of having a broad midwifery skill base. 41% were negative and most related to the difficulties of achieving this requirement, the loss of midwives it has caused and the two way impact of this on workforce shortages.
- 13 suggestions were received and included:
 - That Council allow specialisation.
 - That Council issue restricted APCs.
 - That workforce shortages be taken into account.

a) General Picture:

i) *Should all midwives have to work across the scope of practice each 3 year cycle?*

Respondents were asked to indicate whether they thought all midwives should be required to work across the Scope of Midwifery Practice in each three-year recertification cycle. 67% believed they should, 27% believed they should not, and 6% were unsure. Those who indicated it should not be a requirement were asked to provide reasons for this belief. Of those who did not support the requirement or were unsure, 42% cited support for specialisation. Workforce shortages were raised as another reason not to support this aspect, with midwives leaving the profession because of the requirement compounding these shortages. It was suggested that midwives working in different areas could have their "own scope" of practice recognised. Another respondent argued that it should not be required for lecturers and administrators, unless they are providing 'hands on' care. The recognition of the need for midwives to have better work/life balance was suggested as another reason not to require this aspect.

b) Comments:

- 17 respondents submitted comments.
- Positive comments – 59% (10 comments)

Almost all of the positive comments were of a general nature and related to the importance of having a broad midwifery skill base, and to the contribution this component made to this. There was support for primary care midwives to be required to work across the scope, support for the concept of continuity of care, and the need for its promotion in the hospital setting. It was

suggested that it was beneficial from a rostering point of view to have midwives able to work across the scope, and that the requirement provided impetus for midwives who had worked in one area a long time to broaden their skill base.

A sample of the positive comments (some comments are abridged):

- strong support for continuity of care - fundamental point of difference between Midwifery and other health disciplines.
- provides important impetus for midwives (especially core) - working in 1 area for 20yrs does not provide confidence in competence in midwifery skills.
- from a rostering point of view midwives working across scope is beneficial to them and the women/families.
- Good that Council is not prescriptive about how to achieve it
- need to work across scope to avoid losing skills.

- Negative comments – 41% (7 comments)

Most of the comments were general in nature, and related to the difficulties midwives face in achieving the requirement. Workforce shortages were believed to impact on it, with staff needed to support midwives working in an area which is out of their “comfort/safety zone” – a potential safety issue. The loss (and potential loss) of skilled midwives unable or unwilling to meet this requirement was raised as a concern.

A sample of the negative comments (some comments are abridged):

- a number of members have left midwifery practice and returned to nursing because of this requirement
- workforce shortages increase need for flexibility
- potential safety issue - need staffing to support midwives working in an area out of their comfort/knowledge zone
- I have seen how difficult it is to meet this - are managers doing enough?
- most of our DHB midwives have strong preferences and areas of interest and little interest in maintaining competence across scope.

c) Suggestions: (14 received)

- Specialisation
 - That it is warranted in secondary and tertiary services (2)
 - That it should be permitted for senior midwives
 - That it be allowed, with conditional PC.
- It should be compulsory to spend equal time between areas
- Workforce shortages must be taken into account
- Partial PC (2), with programme for recertification to full APC
- Nursing certification only for midwives working in exclusively in postnatal area
- There should be flexibility and honouring of midwives' skills
- That there be a Conditional PC or proof required of across the scope competency for managers and lecturers with no hands-on
- Midwives need educating about what competency is
- DHBs need to be more active helping core midwives achieve this.

10) For Maternity Managers:

Overview:

- 10 respondents answered this section of the survey. (N.B: some of these are not representing DHBs.)
- Just over half of the respondents stated that their institution meets all of the costs for recertification, while some meet the costs of compulsory aspects only, and some enable midwives to apply for study leave to complete other aspects of the programme.
- Four respondents stated that their institutions meet all of the costs of part time and casually employed midwives. There was a range of other arrangements detailed by the remaining respondents.
- Charges levied for LMCs accessing DHB education varied from none to \$100 per course.
- Twelve comments were received, with five positive comments and seven negative ones.

a) General Picture:

i) Your Institutions support for recertification:

Responses to this question varied widely, and each contained information that differed sufficiently from the others to warrant their individual record here.

1. Standard study days allocation of 5 days (pro rata on FTE), additional provision compulsory study days set by Council, financial support for all activities.
2. All staff have 2 weeks study leave, sabbatical for clinical experience and assistance to access education opportunities.
3. 1-to-1 training for midwives re how to undertake required points. Study sessions / in-service education promotion at unit meetings.
4. Advises members, provide workshops on medico-legal risk management and professional boundaries. Support and advise on PDRP/QLPs for DHB midwives. Negotiate support to meet APC requirements into employment agreements.

5. DHB pays for everything it provides (except \$50 fee for TSW for LMCs), and offered to core and LMCs.
6. Pays all costs for full time midwives, education and study leave paid for time off for TSW. Portfolio and standards review preparation in work time if able.
7. Pays for compulsory aspects with extra education leave avail - 2 days per year for full time midwife. Pay MSR.
8. Provision of some education - CPR, NNR, breast feeding, some elective components, perinatal reviews. Roster midwives to attend TSW during 'paid' hrs.
9. Rotation and organises education.
10. Pays for core midwives and enables study leave.

ii) Institutions support for midwives to work across the scope of practice:

Rotation arrangements are offered by almost all institutions represented. The design and small size of some services helps midwives to work across the scope. One organisation releases staff for clinical experience blocks, and another provides locum opportunities for case-loading midwives in a rural unit. One institution has increased their midwifery education and support team, and midwifery development and education services with a tertiary educator. It was commented by one respondent that they find it more difficult for those in senior roles and not in daily clinical practice.

iii) Costs for recertification met for core midwives:

50% of the respondents stated that their institution meets all recertification costs for core midwives. Others pay for the compulsory aspects of the programme, which includes MSR for one and breastfeeding updates and/or TSW for others. Some of these institutions also identified that there are study leave allowances available for midwives completing non-compulsory parts of the recertification process, as provided for in NZNO or MERAS contracts.

iii) Costs met for part time and casual midwives:

There was a greater range of responses to this question. 40% of respondents (4) stated that their institution meets all recertification costs for part time and casual midwives. One institution reports paying for the compulsory aspects and MSR, with extra education leave available for elective education on a pro-rata basis. One institution gives pro-rata study leave for TSW and breastfeeding updates. Another institution pays for part time staff's costs, but not for midwives in the casual pool (except for the APC fee). Only one institution reports paying none of the costs for part time and casual midwives, although it does provide some paid hours for midwives to attend DHB study days for some pool staff who work regularly.

iv) Charges made to LMC midwives accessing DHB provided education:

Charges levied for LMCs accessing DHB education vary from none to \$100 per course. Of the eight responses to this question, two levy no charge, two describe their

charges as minimal, and the remainder refer to sums of \$20, \$50 and \$100, depending on the specific course.

b) Comments

- 12 respondents submitted comments.
- Positive comments – 42% (5 comments)

The positive comments were of a general nature. It was noted that the programme is particularly good for midwives who have not been proactive in their own professional practice, and that some midwives were being proactive. Two comments acknowledge the context of hesitation (or even panic) into which the programme was introduced, before stating that it has generally been well received. For example, “once embraced, the programme gave a very positive impetus to maintaining skills and taking responsibility for ones own practice”.

- Negative comments – 58% (7 comments)

Some of the negative comments were of a general nature, referring for example to some midwives’ resistance to the programme. The burden of it for ‘most midwives’ was noted, with some midwives having taken early retirement, or given away their midwifery APC, as a result of its introduction. The cost of the programme was thought to be too high for part time midwives.

A sample of the negative comments (some comments are abridged):

- staff have struggled with every aspect of the programme, especially older midwives
- rotation is becoming more difficult to arrange, due to chronic workforce shortages and staff reluctance
- some midwives have left, others have dropped their midwifery APC to work in postnatal wards as RNs.

13) Opinion:

Overview:

- 88% of respondents believe the Recertification Programme allows midwives to demonstrate continuing competence.
- 94% of respondents believe the Recertification Programme contributes to raising professional standards.
- The option chosen most often in relation to action taken regarding non-compliant midwives was option 3 - to issue an interim practising certificate with conditions relating to completion of courses/activities with time limits (30%). 27% chose

option 1 – to remind midwives of their responsibility to maintain competence. The least commonly chosen option was to require supervision (option 4, 11%).

- 34% of respondents chose three of the five options given, with the most common being 1 (reminder), 3 (IPC) and 5 (No PC), with most of the respondents ranking the options in that order. 31% chose two options.
- 13 comments were received. 38% of these were positive. 62% were negative and most related to a range of problems and issues with the programme regarding scope, availability, cost, time, and format.
- 27 suggestions were received, most (14) were general, the rest addressed specific issues relating to MSR, Elective Education, Professional Activities and the Scope of the recertification programme.

a) General Picture:

i) Continuing Competence:

Respondents were asked to indicate whether the recertification programme enabled midwives to demonstrate their continuing competence. The vast majority (88%) believed it did, while 9% believed it did not.

ii) Raising Professional Standards:

Respondents were also asked to indicate whether they believed the recertification programme contributed to raising professional standards. Almost all (94%) believed it was, while 6% believed it was not.

iii) Action Council Should Take in Relation to Non-Compliant Midwives:

Respondents were then asked to indicate which action(s) they believed Council should take in relation to midwives who do not comply with recertification requirements. Respondents were given the option to select one or more of five options, which were:

1. Remind of responsibility to maintain competence;
2. Issue an annual practicing certificate (APC) with conditions relating to completion of courses/activities within time limits;
3. Issue an interim practicing certificate (IPC) with conditions relating to completion of courses/activities within time limits;
4. Issue a practicing certificate with a requirement for supervision;
5. Not issue a practicing certificate until engagement is demonstrated.

Opinion was split as to the most appropriate action, with 30% choosing option 3 (IPC), and 27% choosing option 1 (reminder). Option 4 (PC with supervision) was the least favoured option (9%). Fig 13.1 illustrates the total number of responses for each option. 34% of respondents chose three options and 31% chose two options (Fig 13.2). Some respondents ranked their

choices, with options 1 (reminder), 3 (IPC) and 5 (No PC) the most commonly chosen sequence of consequences recommended. Only 6% of respondents believed that Council should utilise all five options.

Figure 13.1 Non-Compliance: Action Council Should Take

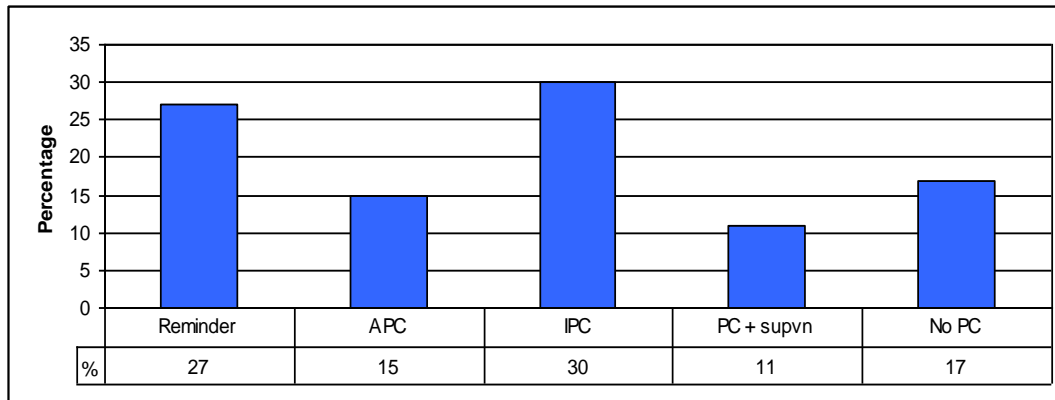
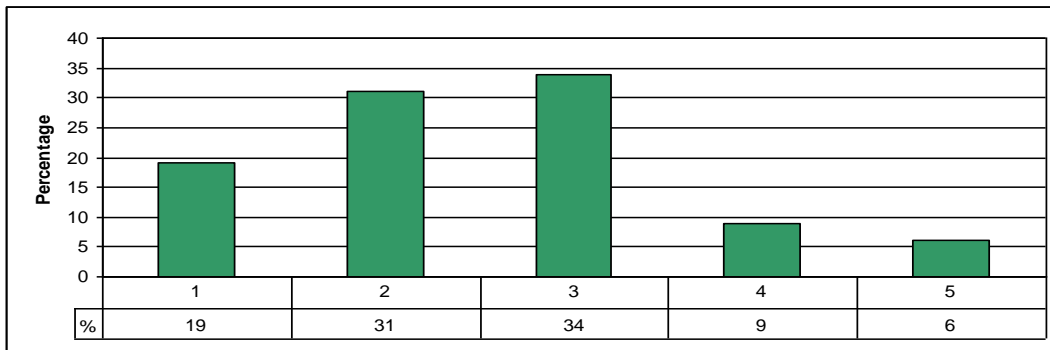


Figure 13.2 Number of options chosen



b) Comments:

- 13 respondents submitted comments.
- Positive comments - 38% (5 comments)

Comments generally affirmed the recertification programme as a whole, and the need for strong relationships and support between providers, professional organisations and consumers.

A sample of the positive comments (some comments are abridged):

- programme is robust and provides a significant level of reassurance to public
- given the issues facing women and the midwifery workforce it is very important for midwives, consumer organisations and midwifery's professional bodies to work strongly together.

- very important that Council reinforces the rules and is seen to be doing so by the profession.
- Negative comments - 62% (8 comments)

The negative comments covered a broad range of issues and problems with the programme, including its scope, availability, cost, time, and format.

A sample of the negative comments (some comments are abridged):

- there does not seem to be a clear chain of action for midwives who are not supported enough, or who are not competent
- not much thought has been put into the recertification programme for hospital midwives, general feeling that they were included with LMCs as afterthought
- concern about competition between providers of recertification education (DHB vs education institutions) on price, and potential problems with availability and quality
- flexibility needed, given workforce shortages, ill-health of birthing women and increase in numbers birthing
- There is inconsistency in MC points accreditation process.

c) Suggestions: (27 received)

Suggestions regarding MSR:

- Reviewers are overdue for pay-rise - \$10/hour is less than the minimum adult rate.
- The robust annual appraisal framework of the DHB could be explored.
- WHA welcomes the opportunity to support consumers to participate in MSR and provide training and ongoing support for them.
- Needs to be a programme so community can feel LMCs practice is monitored - media gives impression that this is not happening. DHBs have own process for this.

Suggestion regarding Professional Activities:

- Use DHB QLP/PDRP frameworks.

Suggestions regarding Elective Education:

- Greater variety and promotion of workshops.
- Clinical content and relevance are demonstrated rather than reaching "points".
- More courses need points allocated.
- Minor changes are needed
- That DHB educators be able to send in programmes on behalf of presenters from other disciplines, e.g. opiate dependent mothers study day - speakers didn't want to give their resources to midwifery educators for submission to MC.

Suggestions regarding Scope:

- More assistance needed for core staff.
- More discussion required around recertification and scope of practice, and meeting workforce requirements and patient safety.

Suggestions – general:

- Strongly urge MC to set maximum number of births at 72 or 80 per year (2)
- Develop collaborative practice within primary health care team. May mean sharing common needs assessment, meeting regularly with team, comprehensive referral/hand over of care.
- MC should make process “KISS”. Midwifery assistants are not the answer for workforce gaps.
- Programme needs flexibility, e.g. midwives prevented from attending workshops by employer. Impact of programme on part time midwives needs considering (2).
- Midwives (especially LMCs) need more support, to prevent burn-out. Ability to attend homebirth needs to be taken into consideration in re-certification programme.
- That MC establish clearer guidelines for midwives with concerns/complaints about midwives.
- MC needs to ensure programmes/workshops are available and accessible for all - especially rural midwives.
- Continue current programme. Maintain flexibility for indiv midwives requiring additional support to complete programme.
- LMCs need more support and supervision. MC have open communication re midwives.
- That MC gives more consideration to differences between core (secondary care) and LMC midwives. Need different MSR arrangements.
- That the high standards set should be achievable. Need to make career in midwifery rewarding and alluring!
- That MC does not need to approve/accredit every individual elective education course - micro-managing and onerous.

Appendix: The Survey. (Condensed Version)



**Consultation of stakeholders on the Midwifery
Council Recertification Programme**

November 2007

Background

The Midwifery Council established its Recertification programme in April 2005 in order to meet the requirements of the Health Practitioners Competence Assurance Act (2003) that midwives maintain competence to practise.

The Recertification Programme was developed following extensive consultation of midwives and with strong support for the programme and its components.

As the end of the first three-year cycle approaches (1 April 2005 – 31 March 2008) the Midwifery Council is again consulting with midwives and stakeholder groups as part of its review of the programme. Council seeks the perspective of midwives and stakeholders on how the programme has worked, how it has impacted on midwifery competence in general, what works well, what problems there may be, and what changes might be made for the next cycle.

Consultation documents have been sent to all practising midwives but the Council is interested in your views as a stakeholder. The current Recertification Programme can be viewed on our website www.midwiferycouncil.org.nz .

**Please return this to the Midwifery Council in the envelope provided by
7 December 2007.
Please answer all questions.**

Demographics:

1. Are you responding as an individual or on behalf of an organisation?

Individual

Organisation - please state _____

The following questions relate to the compulsory parts of the Recertification Programme:

Technical Skills Workshops:

Midwives responded positively to the proposal for Technical skills workshops in the original consultation. Over the past 2.5 years 12 approved providers have had courses approved.

2. Do you agree this should remain as a once-every-three-years requirement?

Yes

No

3. If you answered no, please state why and indicate how often you think these should be done.

4. How useful has this component been in assisting midwives maintain competence?

(Circle your answer on the scale below)

5

Not at all

4

Not very

3

Neutral

2

Useful

1

Very useful

5. Do you have any comments?

Adult CPR:

The original consultation indicated that many midwives undertook Adult CPR updates annually and Council endorsed this by making this a compulsory component of the Recertification Programme.

6. Do you agree this should remain as an annual requirement?

Yes

No

7. If you answered no, please state why and indicate how often you think this should be done.

8. How useful has this component been in assisting midwives maintain competence?

5

Not at all

4

Not very

3

Neutral

2

Useful

1

Very useful

9. Do you have any comments?

Neonatal Resuscitation:

The original consultation indicated that many midwives undertook Neonatal Resuscitation updates annually and Council endorsed this by making this a compulsory component of the Recertification Programme.

10. Do you agree this should remain as an annual requirement?

Yes No

11. If you answered no to the question above, please state why and indicate how often you think this should be done.

12. How useful has this component been in assisting midwives maintain competence?

5 4 3 2 1
Not at all Not very Neutral Useful Very useful

13. Do you have any comments?

Breastfeeding Update:

Midwives were strongly supportive of regular breastfeeding updates in the original consultation as this supported DHBs to meet requirements for BFHI.

14. Do you agree this should remain as a once-every-three-years requirement?

Yes No

15. If you answered no to the question above, please state why and indicate how often you think this should be done.

16. How useful has this component been in assisting midwives maintain competence?

5 4 3 2 1
Not at all Not very Neutral Useful Very useful

17. Do you have any comments?

Midwifery Standards Review (MSR):

Before the Recertification Programme only LMC midwives were required to undertake annual MSR. Over the past 2.5 years many more midwives have experienced MSR. New Zealand College of Midwives manages this process under contract to the Midwifery Council. The Council pays New Zealand College of Midwives \$100 per for each MSR and midwives are charged the balance. The Council proposes to increase this to \$200 in the next period. It has been difficult for Council to monitor the different time cycles for MSR between LMCs, core midwives, new graduates and those registering from overseas. Council is interested in exploring a time cycle that is the same for all midwives.

18. How frequently do you believe core midwives should do MSR? _____

19. How frequently do you believe LMC midwives should do MSR? _____

20. How useful has this component been in assisting midwives maintain competence?

5 4 3 2 1
Not at all Not very Neutral Useful Very useful

21. Do you have any comments?

The following questions relate to the Elective education part of the Recertification Programme:

From the original consultation and subsequently it is clear most midwives want a detailed process of points allocation for elective education. Over 2.5 years some midwives have approached Council seeking points for courses they have accessed that are not pre-approved; these have been allocated. Over 2.5 years many education providers have also sought pre-approved points to be allocated to courses; these have been allocated.

22. Do you think the elective education component of the programme should continue?

Yes No

23. If you answered no to the question above, please explain why not

24. At present 40 points are required over each 3 year period. Do you think 40 points is about right?

Yes No

25. If you answered no to the question above, what number of points do you think is appropriate? _____

26. How useful has this component been in assisting midwives maintain competence?

5 4 3 2 1
Not at all Not very Neutral Useful Very useful

27. Do you have any comments?

The following questions relate to the Professional Activities part of the Recertification Programme:

There was overwhelming support for this aspect of the programme when it was first proposed. Council received feedback that these activities were difficult to achieve and accordingly it reduced the points required from 60 to 30. There has been little further feedback. Some midwives send examples of professional activity and request points allocation. Council has allocated points; its only proviso being that the activities are not part of usual employment or practice requirements.

28. Do you think the Professional Activities component of the programme should continue?

Yes No

28. If you answered no to the question above, please explain why not

30. At present 30 points are required over each 3 year period. Do you think 30 points is about right?

Yes No

31. If you answered no to the question above, what number of points do you think appropriate?

32. How useful has this component been in assisting midwives maintain competence?

5 4 3 2 1
Not at all Not very Neutral Useful Very useful

33. Do you have any comments?

The following questions relate to working across the scope:

The original consultation made clear both the public's and the profession's expectation that midwives would maintain competence across the scope. Midwives have achieved this in various ways.

34. Do you think all midwives should be required to work across the Scope of Midwifery Practice in each three-year Recertification cycle?

Yes No

35. If you answered no to the question above, please explain why not

36. Do you have any comments?

Questions 16, 17 and 18 are for Maternity Managers:

37. How does your institution support midwives to undertake the Recertification Programme?
38. How does your institution support midwives to work across the midwifery scope of practice?
39. What costs for the Recertification Programme do you meet for core midwives?
40. What costs for the Recertification Programme do you meet for part time midwives and those in the casual pool?
41. What charges do you make, if any, for LMC midwives accessing DHB provided education? Please specify.
42. please comment on how the Recertification Programme is working for your institution.

Finally:

43. Do you think that the Recertification Programme enables midwives to demonstrate their continuing competence?

Yes No

44. Do you think the Recertification Programme is contributing to raising professional standards?

Yes No

45. What action should the Midwifery Council take in relation to midwives who do not comply with recertification requirements? (Please tick more than one response if necessary)

- Remind them of their responsibility to maintain competence;
- Issue an annual practising certificate with conditions relating to completion of courses/activities with time limits;
- Issue an interim practising certificate with conditions relating to completion of courses/activities with time limits;
- Issue a practising certificate with a requirement for supervision;
- Not issue a practising certificate until engagement is demonstrated.

Note: Council process would be to first warn midwives of the consequences of non engagement.

46. Do you have any additional comments about the programme or ideas about how the Midwifery Council should ensure midwives are competent to practise?

Thank you for your feedback