

# Midpoint

## Midwifery Council New Zealand Newsletter

Guardians of Professional standards

December 2018



2018 certainly has been a year of many challenges for midwifery and as Christmas approaches, still no resolution has been found to the many workforce problems articulated by the profession and verified by increasingly sophisticated HWNZ modelling, using data supplied by the Council and DHBs.

As the regulatory authority for midwives, the Council has no role in setting either their remuneration or conditions. We are however responsible for ensuring that midwives are ably practising their profession so that the health and safety of the public is protected. We know well that a tired and/or stressed midwife is undesirable and have done what we are able to bring our concerns to the attention of those who either set pay and conditions or have some influence over this.

On behalf of both Council members and staff, I thank midwives for all you do to provide women and their families with a unique and deeply personal maternity service. That you continue to do this, even while expressing dissatisfaction with your remuneration and conditions, is a tribute to your professionalism as well as the deeply felt commitment you have to the families of New Zealand.

I wish you and your families a very happy and festive Christmas and New Year period and that in 2019, there will be due recognition appreciation of the vital work midwives do, every hour of every day.

Sharron Cole, CEO/Registrar,

Midwifery Council of New Zealand



## New appointments to the Council

At the completion of the terms of appointment of midwife member Judith McAra-Couper (since 2010) and the two lay members Annette Black (since 2009) and Bronwen Golder (since 2011), the Minister has made three new appointments.

We welcome them to the Council table and at the same time, thank our three retiring members for their hard work and commitment and wish them well for the future.



#### **Melanie Tarrant**

New lay member Melanie Tarrant lives in Hokitika where she and her husband operate the New World supermarket. Melanie has had extensive experience of the maternity service, having 4 daughters aged between 10 and 3. Two other babies died in utero at 20 and 27 weeks and it was these experiences that led Melanie to become involved in SANDS. She set up a SANDS group for the Hokitika/Greymouth area and is a member of the National Board. Melanie has worked in education as an economics teacher and is currently a member of the Board of Trustees of her local school.



Mahia, the new health practitioner member has iwi affiliations to Ngati Tuwharetoa, Ngati Raukawa and Ngai Tahu. Since qualifying as a midwife at AIT in the mid 90's, Mahia has practised across the midwifery practice environment, including home birth and DHB core midwifery.

In June 2015, she became the Team Leader of the Māori midwifery team which focuses on ensuring that Māori women receive clinically and culturally appropriate midwifery care.

Mahia's current role is working at AUT as Māori Midwifery Liaison Midwife.



#### Theo Baker

The other new lay member Theo has a legal background and has great familiarity with health regulatory authorities, having spent 13 years in the roles of Director of Proceedings and Deputy Commissioner in the Office of the Health and Disability Commissioner. She is also current Chair of the New Zealand Teachers Disciplinary Tribunal and a member of the Physiotherapy Board's Professional Conduct Committee. Theo is currently doing contract work for Land Information NZ and she lives in Wellington.

## Moving on from the secretariat

Over the past year, the Council has carried out an organisational review and a business process analysis, with the objective of ascertaining what competencies and capacity the secretariat needs to carry out the Council's strategic objectives.

This has resulted in a reorganisation which saw the disestablishment of two positions and significant changes to another.

Three long serving staff Deputy Registrar
Nick Bennie (since March 2004),
Programmes Manager Andy Crosby (since
February 2007) and Education Assistant
Administrator Judith Norman (since
February 2009) have decided it is time to
move on and each finishes just before
Christmas. The Council thanks them for all
they have contributed over their years of

service and wishes them well in what the future brings.



#### Retirement of Karen Guilliland

On behalf of the Council, I sent the following message to the College of Midwives acknowledging Karen's enormous contribution to the midwifery profession, nationally and internationally, and to the maternity service which provides world class care to women, their babies and families:

He wahine toa is a phrase that best sums up Karen Guilliland who has devoted herself to the restoration of New Zealand midwifery to a position of autonomy, strength and respect. As I have reflected on the time I have known Karen since the later 1980's, many significant achievements in which Karen has played a major part come to mind - the establishment of the College in 1988, the Nurses Amendment Act 1990 when midwives regained their autonomy, the 1993 Maternity Benefits Tribunal, the setting up of the MPO (later MMPO) and MERAS, the establishment of the Midwifery Council in 2003, the development of the Midwifery First year of Practice Programme in 2007 – the list goes on.

To accomplish these things, a belief in the value of midwifery in itself is not enough. What has helped in bringing about these achievements? Karen's ability to forge strong relationships with other key players in the sector, particularly consumers and the concept of partnership embedded in the New Zealand midwifery model; her determination and single mindedness; her sense of humour; her ability to identify potential snags and hidden agendas; her knowledge; her communication skills; her ability to inspire and instil others with vision.

Since the Midwifery Council was established, it has worked with and alongside the College with Karen as its CEO, and with the midwifery education providers, ensuring that each of the three pillars needed for a strong, competent midwifery profession is in place. The Council has great respect for Karen's passion and advocacy, and the significant part she has played in the establishment of an internationally recognised first class maternity system. She has earned her retirement many times over and we wish her all the best for a happy and fulfilling future.

# Guardians of professional standards

### APC applications 2019/20 practising year

Online applications for 2019/20 annual practising certificates will open in early February. We urge you to log on to the website <a href="https://www.midwiferycouncil.health.nz">www.midwiferycouncil.health.nz</a> well before then so that you remember how to do so. If you have forgotten your password, click on Login tab on website homepage and then click "Request new password". You will need to know the email address which is recorded for you in our Register. If you have difficulties, do not create a new account and instead, contact the Council.

When you are logged in, check your contact details are up to date and that our record of your Recertification Programme requirements is up to date. If you have completed a course that is not recorded in your record, please send us a copy of the course certificate. If it's not recorded, that means we don't know you have done it.

Fees will remain at the same level as last year - \$395 APC fee and \$50 disciplinary levy = \$445

## Midwives and the Recertification Programme

The Council reviewed its process for the 2018/19 practice year commencing 1 April 2018 with regard to the automatic issue of an Interim Practising Certificate when a practitioner had one or more compulsory requirements of the Recertification Programme overdue prior to 1 January 2018 at the time the application was made.

Favouring a more "right touch" approach and in recognition of the pressure many midwives were under, the Council issued Annual Practising Certificates to applicants with overdue recertification requirements. A new declaration was included in the application form "I declare that I have met, or will meet within the next six months, the requirements of the Recertification Programme".

As 30 September approached, four midwives remained significantly overdue in recertification and had not communicated with the Council with any explanation.

Under the HPCA Act, the Council took s43 action (Unsatisfactory results of a recertification programme) against the midwives, suspending them until they took the necessary remedial action.

The good news message is that the overwhelming majority of midwives, despite significant work pressure and expressed dissatisfaction with their remuneration and conditions, remain professional and engaged.

# Health Quality and Safety Commission message

The Council has been sent the following message from the HQSC re students, supervision and adverse events.

In recent months there has been a number of adverse events reported to the Health Quality & Safety Commission involving student health

The second factor is how registered health professionals support and supervise students. Adverse events can be devastating for both the woman and her health care providers, and even more so for students. Registered Midwives have a responsibility to directly

care professionals. Several of these cases have involved student midwives connecting epidural medication lines to peripheral intravenous cannulas. Although the women involved in these cases suffered either no harm or minimal harm, these cases are concerning, as the potential for serious harm is high.

We believe there are two factors at play in these cases. The first is the recognised risk involved with delivering epidural medicines through IV lines and the second is how student midwives are supported and supervised. The Commission published an Open Book on epidural medicines through peripheral IV lines in September 2015, and universal luer connecters are still the only available option for use in New Zealand. We understand that within the next 24 months there will be neuraxial specific connectors available which will reduce the risk of harm through incorrect medication administration route.

supervise student midwives, and they are responsible for the care women receive from students under their supervision.

This means being aware of what students are doing, ensuring that all local policies are followed, and creating an environment where students feel they can speak up if they feel unsafe or uncomfortable. Students also have responsibilities, to practice within their limits, and to ask for help if they are unsure, uncomfortable or feel unsafe.

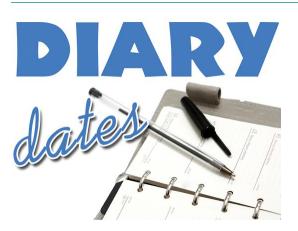
Individuals cannot prevent all adverse events, it takes well designed systems to do that.

What individuals can do is support each other to use existing processes to help prevent adverse events and to provide safe, high quality care.

## Role of Council and relationship with College

The Midwifery Council became a separate regulatory authority under the Health Practitioners Competence Assurance Act 2003, now 14 years ago. There is still confusion over exactly what the Council does and how is it different from the College of Midwives.

In short, the Council is the regulator and the College is the professional organisation. But to give a fuller description of what each organisation does, the Council has published an information sheet <a href="The Role of the Midwifery Council">The Role of the Midwifery Council</a>.



#### 31 January/1 February 2019

Council meeting and strategic planning day

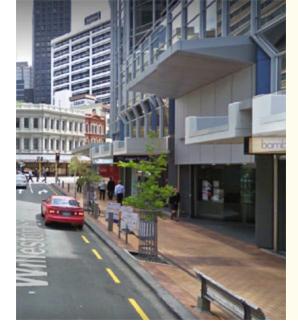
#### Early February 2019

APC applications open

#### Council offices

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If you are not a practising midwife and do not wish to receive this newsletter please contact info@midwiferycouncil.health.nz



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