



New Zealand Nurses Organisation

Submission to the

Midwifery Council of New Zealand

Proposed Re-certification Programme

Consultation Document (August 2004)

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INTRODUCTION

The New Zealand Nurses Organisation (NZNO) represents 36,500 health workers on a range of employment related and professional issues across the public, private and community sectors. The majority of our members are registered, enrolled and student nurses, and midwives. NZNO has **1027 midwife members**, the majority of whom work as employed midwives. According to NZHIS (2003) figures there are 1,725 core midwives working in a range of maternity facilities and they represent 77.7% of the midwifery workforce. It has been estimated that 93% of women come into contact with a core midwife at some time throughout the childbirth experience (Campbell 2000). NZNO has an active midwifery network and midwife delegate support system in major maternity hospitals.

NZNO welcomes the opportunity to comment on the Midwifery Council of New Zealand Re-certification programme: competence-based practising certificates for midwives – discussion document and to propose an amended re-certification process which will assure the public of competence to practice. NZNO appreciates that the Council has granted it an extension to 24 September for this submission.

CONSULTATION PROCESS

The extended consultation time has enabled us to consult extensively.

NZNO has consulted widely with its members through worksite meetings and received extensive input from members in contributing to this submission. Feedback from meetings and individual input has contributed to the content of this submission. The messages received were clear and unambiguous. They are consistent with feedback from a survey of all midwife members conducted by NZNO earlier this year. Meetings with NZNO midwife members were held at the following locations and over 250 members contributed directly to the discussion around the proposals with others providing written input.

Whangarei DHB	Wairarapa DHB
National Women's Hospital	Marlborough
Counties Manukau DHB – Middlemore	West Coast DHB
plus 3 community units	Kaikoura and Waikari Hospitals
North Shore Hospital	Rangiora Maternity Hospital
Waitakere	Christchurch midwives open meeting CWH
Tairāwhiti	Ashburton Hospital
Waikato DHB	South Canterbury DHB
Tauranga & Whakatane Hospitals	Otago DHB
Hawkes Bay DHB	Southland DHB
Mid Central DHB	Hutt Valley DHB
Wanganui DHB	Capital and Coast DHB

DECLARATION

NZNO is supportive of the applicant for an annual practising certificate making a declaration of competence.

PRACTISES WITHIN THE MIDWIFERY SCOPE OF PRACTICE

The three year timeframe to update and demonstrate competence across the scope will be achievable for the majority of midwives with the support of their employer, however there are significant barriers for those working in rural or small urban areas with low birth rates which need to be considered by the Council. For midwives working in these areas, they would need to relocate to attain the required experience and demonstrate competence. There are significant costs to this. They include:

- travel and accommodation
- child care and support
- disruption of family time
- provision for continued service delivery in their communities
- replacement of staff

Many midwives working in these smaller locations work part-time. They tend to support LMC midwives by providing either post-natal and/or ante-natal care. A number have clearly signalled to NZNO that they will be unwilling to continue practising as a midwife should this proposed recertification programme be introduced because of the significant costs in maintaining practising certificates, increased travel and costs of education, and relocation for periods of time to demonstrate competence particularly for management of labour and delivery. These midwives are experienced, deemed competent by their colleagues and employers and maintain currency with the care that they deliver, that is ante-natal and post-natal care. This potential loss of midwives has serious implications for future delivery of maternity services.

NZNO recommends that:

The Council give consideration to using the provisions within the Act to place restrictions or conditions on practising certificates for those midwives unable to demonstrate labour and delivery management because of significant barriers preventing their ability to do so. Council could determine the criteria and applicants could make individual application for exemption from demonstrating the full scope. Without this provision, NZNO believes that a significant number of midwives will stop practising thus jeopardising maternity service access for New Zealanders.

PORTFOLIO

NZNO supports the use of a portfolio for the collection and presentation of evidence of practice.

ONGOING EDUCATION

Whilst appreciating that the Council is trying to assure quality education, NZNO does not support a Council-approved points system. It considers that this would be overly bureaucratic and costly with costs being passed on to midwives themselves and/or their employers.

a) Compulsory Education

NZNO does support compulsory education updates over the three year timeframe in the following areas:

- technical skills
- neonatal resuscitation
- adult CPR
- breastfeeding/lactation

NZNO is supportive of the Council approving these compulsory programmes which are currently delivered by a number of providers. It is recommended that Council sets minimum standards for the compulsory programmes and providers meeting those standards may seek endorsement by the Council. NZNO has included breast feeding/lactation within this section as a critical component of midwifery practice and the focus on the BFHI credentialing requirements.

b) Elective Education

NZNO recommends that Council sets a minimum number of hours for elective education. The choice of topic and method of learning to fulfil those hours is to be at the discretion of the individual midwife.

NZNO does not support the proposal that elective education needs to be Council approved programmes. This adds cost, restricts choice and deters the exploration of areas of particular interest for individual development. It does not recognise the significant learning that may occur by following through on areas of interest through self-learning and workplace-based learning. Further, the costs to rural midwives in travelling to “approved” programmes pose significant barriers. Professional development and clinical updating such as journal reading and review, peer/case reviews, opportunistic learning opportunities (e.g. Consultation with diabetologist over diabetic women management) are valid professional development activities, can have hours attributed to them but would not be the type of education which could be “approved” by Council.

NZCOM MIDWIFERY STANDARDS REVIEW PROCESS

NZNO rejects the proposal which seeks to establish an exclusive arrangement for standards review by NZCOM. NZNO understands the need for a systematic approach to individual practice review against the Council’s competencies and believes that can be delivered by a range of providers.

NZNO has extensive experience in employer professional development and recognition programmes (PDRPs). At least 15 District Health Boards currently have PDRPs involving midwives. NZNO members have given overwhelming support for NZNO to

work with DHBs to establish a national PDRP framework for midwives, based on the Council's competencies. A number of DHBs have indicated support for this proposal.

Issues which have been identified strongly by NZNO midwives are that the PDRP model comprises of criteria based on:

- the Midwifery Council competencies for registration
- expansion of knowledge base
- developing leadership attributes
- additional workbased and professional responsibilities
- reflection on practice

and that the:

- review of practice is context specific and involves peers from that practice context
- consumer/client/colleague feedback may relate to the collective practice of a number of staff midwives over a period of time but that information is reviewed and practice improvements identified.

NZNO would support our midwife members to work with DHB representatives to develop and implement a national PDRP framework for midwives. This will provide choice for midwives and employers and will assure the public of competence. NZNO does understand the Council's concern re a potential plethora of programmes being submitted for endorsement from small and isolated provider groups and the concern that quality and consistency may not be maintained. A DHB model would have input from midwives nationally. It would be robust. Reviewers would undertake an approved assessor training programme. (Currently most DHBs use the TOPNZ, NZQA approved programme.) A moderation process across DHBs could be implemented on a reciprocal basis to ensure maintenance of the quality of the PDRP. Small providers could have the option of using the NZCOM model or entering a collaborative arrangement with DHBs for the standards review process.

NZNO members are concerned that:

- Core midwives should be reviewed by those who have a working understanding of their practice with women requiring secondary/tertiary midwifery care.
- They have put considerable resource and effort into developing PDRP systems for midwives in the majority of DHBs and this impetus and knowledge should not be lost. They agree that any future PDRP should be based on the Council's competencies.
- The implication in proposing the NZCOM as the exclusive provider of standards review is that employers and employed midwives are not concerned with maintenance of professional standards and advancement of the profession. They refute that suggestion, and the NZNO experience in developing, maintaining and monitoring employer PDRPs is that this fear is unfounded. Processes are rigorous and a comprehensive review of the practice of the applicant against the specified standards or competencies occurs.
- They are recognised by their employers as developing and expanding further knowledge, expertise and professional advancement.
- Those working in secondary and tertiary centres delivering core services are assessed by their peers working in similar contexts.

- The proposed model of the NZCOM Standards Review process allows them no choice, a principle fundamental to their work with women, and yet being denied to them as midwives.
- The costs associated with the proposed model are resulting in unprecedented and unwanted coercion to join NZCOM being applied by some employers.

NZNO recommends that Council sets standards and conditions for a midwifery standards review process and that NZCOM and DHB providers may make application for endorsement of models that meet those standards and conditions.

NZNO supports a biennial, rather than annual, full review of practice by either the DHB or NZCOM standards review process. An interim annual peer report or performance appraisal can be built into these systems to provide feedback to the midwife on her practice standards. This process will assure the public of a systematic and regular review of practice which maintains public safety.

QUALITY ASSURANCE AND AUDIT

NZNO supports that a system to audit DHB and NZCOM standards review programmes is put in place.

SPECIFIC CONSULTATION QUESTIONS, PART 7 DISCUSSION DOCUMENT

3. Annual practising certificate requirement for midwives not actively involved in midwifery care?

NZNO recommends that midwifery educators and first line managers maintain an annual practising certificate and demonstrate competence across the scope every three years.

Midwifery advisers, researchers and managers above the first line level may choose to retain an annual practising certificate and meet the requirements. Maintenance of awareness of new developments, knowledge, policy and medico-legal parameters is important for these midwives to function effectively and shape practise, however retention of a practising certificate is not necessarily the appropriate mechanism. This should be a matter of choice, depending on the midwife's position requirements.

An alternative to the practising certificate for these midwives may be considered by Council. Such an alternative could include a "certificate of currency" for managers/advisers/researchers/quality assurance advisers not in active practise. Requirements for those holding a position requiring a Registration in Midwifery but not delivering midwifery care, midwifery education or in a position as a first line manager could include

- education hours in midwifery practice, policy and management
- other professional activities

A return to midwifery practice programme would need to be undertaken before a full practising certificate could be issued should the midwife return to delivering direct care.

8-9. Accreditation of education programmes and providers?

NZNO recommends that Council accredit tertiary education providers of undergraduate and postgraduate midwifery programmes and the programmes.

NZNO supports Council's endorsement of the compulsory education programmes specified within the ongoing education (a) Compulsory education section of this submission.

NZNO does not support Council's involvement in accrediting other education providers or programmes.

10-11. Preceptorship training?

NZNO supports, in principle, student and overseas midwife supervision by trained preceptors or mentors. The feasibility and logistics of this proposal have not been examined fully by NZNO hence the qualified support.

13-14. Frequency of review

See final comment under NZCOM Midwifery Standards Review process of this submission.

CONCLUSION

NZNO thanks the Council for enabling it time to fully consult with its midwife members. The Council is aware of the serious concern NZNO holds over the proposed exclusive arrangements with NZCOM outlined in the discussion document and has presented a positive way forward which will assure the public of midwife competence and address the legal issues raised in the previous correspondence from Buddle Findlay.

NZNO has received almost unanimous support from its members to the approach outlined in this submission. NZNO members will uphold Council's midwifery competencies and are committed to working with DHBs and Council on a model which will reassure the public and advance the profession. NZNO looks forward to working with the Council in progressing the approach outlined in this submission.

NZNO RECOMMENDATIONS

1. That Council uses the option of applying conditions/restrictions to a practising certificate when a midwife is unable to meet the full scope of practice requirements due to significant barriers. Council would consider each application on a case-by-case basis.
2. That Council abandons the proposed education "approved points" system.
3. That Council set standards for the four identified compulsory education programmes and establishes a Council endorsement process. Any provider may make application for endorsement of their programme as meeting these criteria.

4. That Council introduces a minimum number of hours for elective continuing education over a three year timeframe.
5. That Council sets standards and conditions for a midwifery standards review process and that NZCOM and DHB providers may make application for endorsement of models that meet those standards and conditions.
6. That the full midwifery standards review process (DHB or NZCOM) is undertaken every second year with an interim peer or performance review of practice against the Council's competencies on the alternative year.
7. That midwifery educators and first line midwife managers retain a full competence based practising certificate.
8. That midwifery advisers, policy analysts, researchers et cetera, retain a "certificate of currency" but not a practising certificate.
9. That Council accredit tertiary education providers providing undergraduate and postgraduate midwifery programmes and accredit the programmes.
10. That Council endorse only compulsory education programmes for competence based practising certificates, and no other programme.
11. In principle, that preceptorship training becomes a requirement for those supervising students and overseas midwives applying for New Zealand registration.