

26 June 2020

Core Performance Standards for Responsible Authorities

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The New Zealand College of Midwives is the professional organisation for midwifery. Our members are employed and self-employed and collectively represent over 90% of the practising midwives in this country. There are approximately 3,000 midwives who hold an Annual Practising Certificate (APC). These midwives provide maternity care to, on average, 60,000 women and babies each year. New Zealand has a unique and efficient maternity service model which centres care around the needs of the woman and her baby.

Midwives undertake a four-year equivalent undergraduate degree to become registered followed by a first year of practice program that includes full mentoring by senior midwives. The undergraduate curriculum meets all international regulatory and education standards. Midwives are authorised prescribers in relation to their Scope of Practice as determined by the Midwifery Council.

Midwives provide an accessible and primary health care service for women in the community within a continuity of carer model as Lead Maternity Carers. Midwives can also choose to work within secondary and tertiary maternity facilities, providing essential care to women with complex maternity needs.

The College offers information, education and advice to women, midwives, district health boards, health and social service agencies and the Ministry of Health regarding midwifery and maternity issues. Midwives interface with a multitude of other health professionals and agencies to support women to achieve the optimum outcome for their pregnancies, health and wellbeing.

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Ministry of Health
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The New Zealand College of Midwives (the College) welcomes the opportunity to provide feedback on the Core Performance Standards for Responsible Authorities. Midwifery in Aotearoa New Zealand is woman-centred, and consumer focussed

The key functions of the College include:

- Professional practice advice, support and information, and professional development/standards.
- Quality assurance including the provision of the Midwifery Standards Review process for all midwives and the Complaints Resolutions Committees for women.
- Robust consumer feedback processes.
- Education for registered midwives as well as input into undergraduate and post graduate curricula.
- Mentorship programmes and the Midwifery First Year of Practice (MFYP) programme – compulsory for all New Zealand registered midwifery graduates, irrespective of their work setting.
- Legal advice and representation.
- Professional indemnity.
- Advocacy for midwives and midwifery.

The College recognises that the Midwifery Council's role is defined in the Health Practitioners Competence Assurance Act 2003 (HPCA Act) and as the regulatory body for midwives the Midwifery Council works within the legal framework of the HPCA Act. As the professional organisation representing midwives nationally the focus of the College's feedback, whilst generally related to all Responsible Authorities (RA's), is specific to the Midwifery Council role.

Feedback from the College is below

1. The College continues to hold the view that broadly speaking, the HPCA Act (2003) is fit for purpose to meet its principal purpose, which is "to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions."
2. The College fully supports the overriding interest of the HPCA Act which is the safety, integrity, and quality of care provided by health professionals. We consider the HPCA Act already provides for robust protection of public safety.

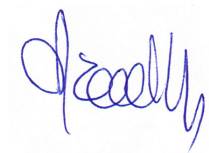
3. The College considers Responsible Authorities (RA's) do not require an oversight body but identification of the standards expected of RA's and review of their performance in relation to such standards is necessary and appropriate. Such reviews should be able to assess performance and decision making processes of RA's including assessment of the management of finances given that the RA's are essentially funded by the profession who require accountability.
4. The College believes that a performance review programme will contribute to a much needed improvement in the transparency of RA performance and processes to assure both the public and health professionals that appropriate scrutiny of regulators occurs. This will also contribute to a greater understanding of the intended functions and requirements of RA's for both the public and health practitioners.
5. The College agrees with the proposed time-frame of five year intervals. As the work of RA's is essentially funded by individual health professionals the financial implications for these statutory bodies, particularly smaller ones like midwifery, need serious consideration in relation to flow on costs and the responsibility placed on individual practitioners to ensure sustainability of the authority.
6. In the Performance Review Standards, section (i) suggests that consultation with the profession and other stakeholders is necessary when setting standards of clinical and cultural competence and ethical conduct. The College is not clear on how the Midwifery Council decides its processes are fair and reasonable without consulting with the profession. Being part of the decision making process supports RA's to ensure they are aware of the wider implications of decisions on both professionals and the public
7. The College believes that stakeholder engagement is of prime importance in supporting the RA to avoid the pitfalls of regulatory capture and potentially develop processes that adversely affect practitioners while not improving public safety. At present it is not clear how, for example, the Midwifery Council decide on who is a stakeholder and how or when they engage with them in a meaningful way. The wider professional voice is important in working with the Council to identify the effects of decisions on the profession and whether these decisions are fair and reasonable and will achieve their aims.
8. Performance review can identify whether stakeholder engagement is happening and in what way. Currently it is too easy to bypass voices that may question some decisions or challenge the decision making processes. For example following the recent Abortion law change the Midwifery Council unilaterally published its interpretation of how abortion care sits within its Competencies for entry to the register of Midwives. The Council's statement indicates an expanded role for midwives in providing this care. Given the sensitivity of this issue, dialogue between the Council and the College in regards to implications for midwives and midwifery would have been desirable. Unfortunately the absence of consultation before the Council posted information about Abortion Act changes, and the potential role of midwives, has created some dilemmas for midwifery that now require resolution. The College considers that the safety of the profession is important alongside the safety of the public.
9. The College believes that there needs to be clarity around the intentions of the performance review in relation to whether the focus will be at a strategic or operational level or a combination of both.

10. The College does not consider the way regulatory authorities function to be a barrier to better healthcare. One of the biggest barriers to public safety is the chronic, and as yet unaddressed, under-staffing of our hospitals which has become more acute over the past few years. Any further changes to the HPCA Act or the Core Performance Standards for Responsible Authorities will not secure the stated change of increasing public safety.

Conclusion

Thank you for the opportunity to provide feedback. The College has some concerns regarding the processes undertaken prior to the HPCA Amendment Bill. The omission of prior consultation with the professions and stakeholders involved, and the lack of consumer consultation is a concern.

Ngā mihi



Alison Eddy
Chief Executive