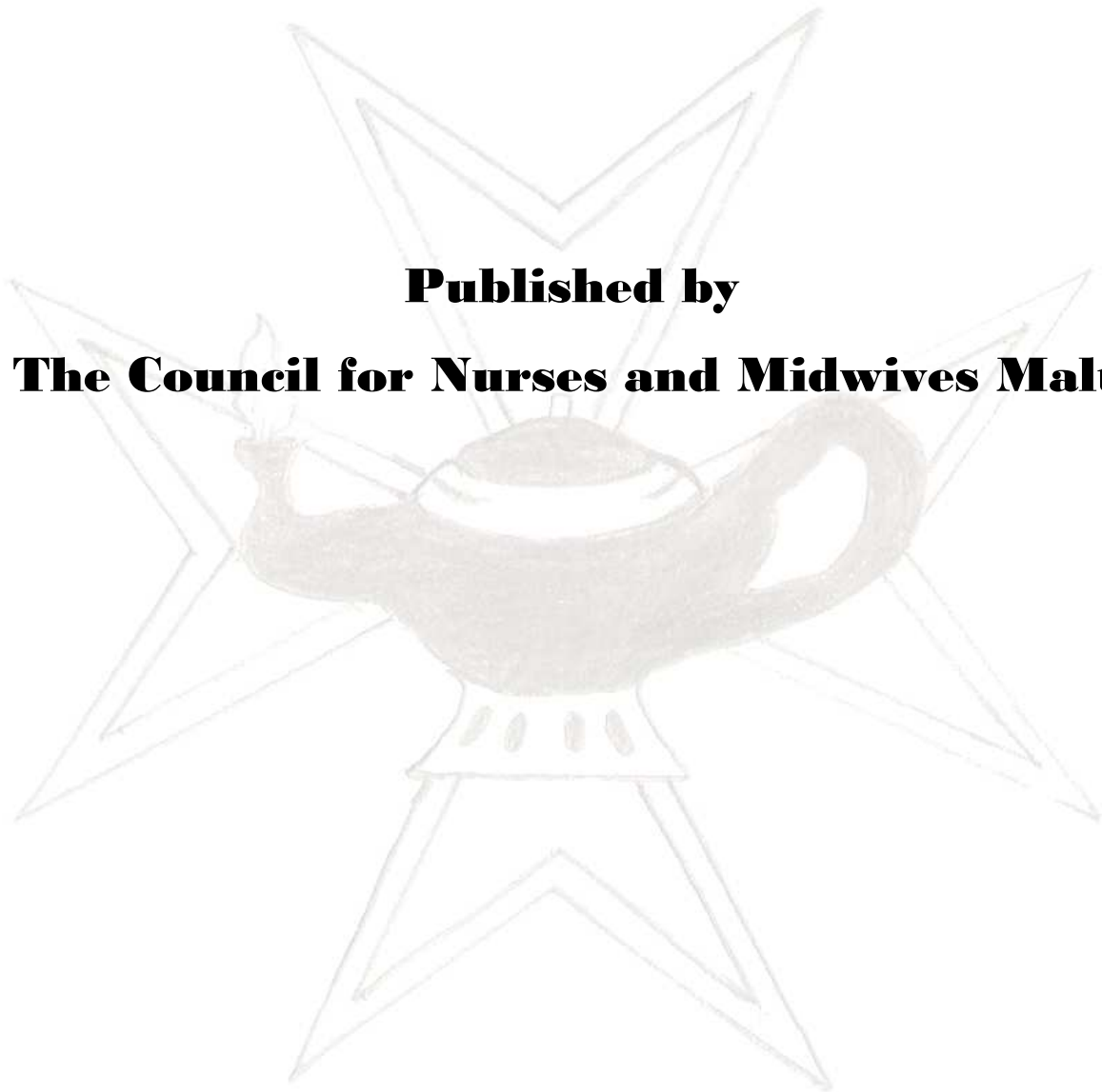




# **ANNUAL REPORT**

## **YEAR 2009**

**Published by**  
**The Council for Nurses and Midwives Malta**



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## **Foreword**

It is my pleasure to present the Annual Report of the Council for Nurses and Midwives.

The year under review has been quite eventful and also saw substantial changes in the set-up of the Council. The council has had a new registrar Claudette Debono Farrugia, to replace the outgoing registrar Karen Chircop Bonello whom I wish to thank on behalf of the Council for the service she rendered during her term of office.

However as stated in last year's report the Council has still very limited resources. This notwithstanding, this year we have seen 203 new applications for registration from which 164 were successfully registered. We have also seen the coming in force of Legal Notice 276/08, which broadly entitles first level registered nurses to apply for a warrant to practice. This saw an influx of 1276 applications, from which 687 were processed till the end of year in review. The warrant applications and processing has stretched the Council, mainly the registrar to its limits.

Again sadly all the council's pleas for additional staff, adequate office space, and closure by means of legislation of the second level register seem to have as yet given no concrete results. Though it seems such is still in the pipeline.

I once again thank my fellow council members, present and past and the registrar who have fully participated in all achievements.

**Dr. Patrick Valentino.**

**Council President.**

## **1. Introduction**

This Council for Nurses and Midwives (CNM) Annual Report is the fifth of its kind and covers the period from 1<sup>st</sup> January 2009 to 31<sup>st</sup> December 2009. The report aims to give a brief account of CNM performance.

## **2. Law**

This Council is regulated by the Health Care Professions Act (HCPA) 2003.

## **3. Aim**

The Council for Nurses and Midwives, Malta (CNM) regulates the Nursing and Midwifery Professions in Malta. Its functions are defined in the Health Care Professions Act 2003.

One of the main functions of the CNM is to regulate the registrations of nurses and midwives as stipulated in the above-mentioned Act. The Council is also responsible for the upholding of high professional and educational standards for both professions. CNM is committed towards the attainment of excellence in the delivery of professional care by the encouraging continuing professional development amongst its registrants.

## **4. Structure of the Council**

According to the Health Care Professions Act, 2003, the Council for Nurses and Midwives is composed of thirteen members. All members are expected to attend and be involved in all Council and its sub/committees meetings. The current Council has a three-year term of office. CNM has all the responsibilities that a Council would have,

such as dealing with registration, misconduct and other day-to-day business, amongst other duties. There is only one employee who works at the Council's office.

The following have been appointed by the Prime Minister in October 2008.

**President:** Dr. Patrick Valentino, B.A, LL.D  
**Licensed Midwife:** Dr. Rita Borg Xuereb, PhD, MSc., PQ Dip.Mid.Ed.,  
Dip.Ed.,Adult., R.M., R.N  
**First level Registered Nurse:** Ms Claire Farrugia, M.Sc. Health Services  
Management, B.Sc (Hons) Nursing Studies  
**Lay Persons:** Ms. Antionette Borg  
Dr. Edward Curmi, B.Psych; Dott. Psicol(Padua); Dip  
(GPTIM)

The following were elected from amongst and by all nurses and midwives on 8<sup>th</sup> May 2007.

**Nurses:** Ms Mary Ann Bugeja, BSc (Hons) Nursing, P.G. Dip  
Gerontology  
Ms. Rudolph Cini,  
Mr. Alexander Manche.  
**Second Level Registered Nurse:** Mrs. Rita Briffa

**Nurse whose name is entered in any of the special parts of the Register of Nurses:**  
Mr. Frankie Mifsud

**Licensed Midwives:** Ms. Thresanne Howland MSc (Midwifery) (Glasgow),  
BSc (Midwifery) (Glasgow), Dip (Midwifery), R.M  
Ms. Astrid Zarb

**Ex-officio (Director Nursing Services):**  
Mr. Jesmond Sharples, MBA. MMus (Comp) (London),  
BSc (Hons) (Nurs), Dip. Ger., FLCM, SRN

Registrar:

Ms. Claudette Debono Farrugia, MLJ, B.A., M.A

## **4.1 Duration of appointments**

The President and the members of the Council appointed by the Prime Minister and the elected members hold their appointment for three years.

## **5. Meetings**

Council meetings of an administrative disposition were held regularly. Amongst the subjects discussed, there were the applications for the registration for nurses and licences of midwives both for Member States and Non-Member States, the registers, complaints, naming just a few.

### **5.1 Committees**

According to the Health Care Professions Act Section 22. (2) CNM “may set up committees for the purposes of enforcing professional and ethical standards applicable to nurses and midwives and generally in order to perform its functions”

CNM sat up six committees. These committees meet whenever there is an exigency. These committees do the groundwork on behalf of the Council, and they act under the powers delegated to them by the Council. The Registrar attends assists and supports these committees.

The composition of the various committees is as follows:

**Committee for vetting the applications for midwives**

Dr. Rita Borg Xuereb, Ms. Astrid Zarb, Ms. Thresanne Howland, Advisory member Mr. Jesmond Sharples.

#### **Committee for vetting the applications for nurses**

Ms. Rita Briffa, Mr. Alex Manche', Claire Farrugia, Advisory member Mr. Jesmond Sharples.

#### **Disciplinary Committee**

Dr. Patrick Valentino, Dr. Edward Curmi, Mr. Rudolph Cini (in case of a nurse), Ms. Astrid Zarb (in case of a midwife)

#### **Committee for the Administration of Funds**

Ms. Mary Anne Bugeja, Ms. Astrid Zarb, Ms. Antoinette Borg

#### **Legal Committee**

Dr. Patrick Valentino, Mr. Jesmond Sharples, Mr. Rudolph Cini, Ms. Thresanne Howland

#### **Committee for Live Register and Continuing Education**

Dr. Rita Borg Xuereb, Ms. Claire Farrugia, Ms. Mary Ann Bugeja

## **6. Fees**

Levying of fees is in accordance with the Health Care Professions Act. With the issue of a legal notice, and a below the line account, this Council started collecting fees for new applications and other service that it offers.

According to legal notice 178/2008, the Council is collecting a €12 fee per application for EU member state citizens, €175 for non-member States citizens. Change of details on registration certificates €5 and verification certificates €12.

## **7. Registers**

The registers lie at the heart of the Council's activity. No one can practice as a nurse and/or midwife in Malta without effective registration with the Council.

There are 6,245 registered nurses and midwives on CNM registers. 277 of which are midwives, 3,459 First level nurses, 2,407 Second level nurses and 102 nurses registered in Special Parts (excluding deceased)

Following is a table of persons asking for registration and of those being registered in 2009.

Table 1: Public querying for registration and actual registrants for 2009

EU Member States	Applied/queries for Registration	Registered as 1st level nurses - Males	Registered as 1st level nurses - Females	Registered as 2nd level nurses	Registered in the special parts	Registered as Midwives
Malta	92	29	84	0	6	8
Austria	1	0	0	0	0	0
Belgium	1	0	0	0	0	0
Bulgaria	20	0	7	0	5	1
Czech Republic	2	0	2	0	0	0
France	2	0	1	0	0	0
Germany	1	0	2	0	0	0
Hungary	1	0	0	0	0	0
Ireland	1	0	0	0	0	0
Italy	2	1	0	0	0	0
Latvia	3	0	0	0	0	0
Lithuania	2	0	1	0	0	0
Poland	1	0	0	0	0	0
Romania	2	1	1	0	0	0
Sweden	2	0	1	0	0	0
United Kingdom	16	0	3	0	4	1
<b>Non EU Member States</b>						
India	19	0	0	0	0	0
Pakistan	11	1	2	0	0	0
Philippines	6	0	2	0	0	0
Nepal	1	0	0	0	0	0
Nigeria	8	0	0	0	0	0
Russian	3	0	1	0	0	0
Serbia	4	0	0	0	0	0
Ukraine	2	0	0	0	0	0
<b>Totals</b>	<b>203</b>	<b>32</b>	<b>107</b>	<b>0</b>	<b>15</b>	<b>10</b>

**Table 2: Total Number of Nurses still registered in the Register for First level nurses (by date of first registration).**

From 1945 to 1988	1609
From 1989 to 2003	876
From 2003 to 2004	135
From 2004 to 2005	152
From 2005 to 2006	201
From 2006 to 2007	168
From 2007 to 2008	208
From 2008 to 2009	139

**Table 3: Total number of foreign trained nurses still registered in the register for first level nurses (by date of first registration).**

From 1945 to 1988	360
From 1989 to 2003	270
From 2003 to 2004	9
From 2004 to 2005	1
From 2005 to 2006	20
From 2006 to 2007	7
From 2007 to 2008	93
From 2008 to 2009	26
<b>Total</b>	<b>786</b>

**Table 4: Registration numbers by Gender in the Register for first level nurses**

(77%) 2694	Females
(23%) 794	Males

CNM has continued updating data related to nurses and midwives who are registered with the Council. CNM tries as much as possible to keep track of its registrants' change of address and deceased registrants amongst others. This data apart from assisting the operations of CNM is a source of official statistics for various local entities as well as for WHO and the EU.

## **8. Healthcare Appeals Committee**

The appeals committee is established within the Health Care Professions Act. According to section 49(4) of the same Act, one has a right to appeal before the Appeals Committee within 20 days from a Council's decision. The Appeals Committee is completely independent from CNM.

During the assessed period this Council had (4) appeal cases in front of the Health Care Appeals Committee.

## **9. Complaints/Allegations of misconduct**

Anyone who has a serious concern about the conduct of a registrant or their fitness to practice due to ill health or of a person that is practicing as a midwife/nurse and who is not registered with the Council can report this to CNM. CNM will consider every complaint. This process is a fundamental tool in protecting the public from registrants whose professional practice falls below the standards required by them.

On receipt by CNM of a complaint on the conduct of a nurse and/or midwife, the complaint is forwarded to the council's president and members. This is then discussed during a Council meeting whereby the aforementioned considers the complaint and the necessary actions to be taken.

During the covering year the council received one complaint which was examined and closed.

## **10. Conferences**

The Council strives to keep up to date with new procedures and current practices therefore Council members and/or the Registrar attended to various conferences/seminars/summits organized by diverse entities both during and after office hours.

Some being:

- ✚ 1<sup>st</sup> Summit of European Midwifery Regulators - May 2009 (See Appendix 1)
- ✚ Designated Authorities Conference - The Essential Framework and its Impact on the Recognition of Qualifications on the 4<sup>th</sup> of November 2009.
- ✚ 2<sup>nd</sup> Summit of European Midwifery Regulators - November 2009 (See Appendix 2)

## **11. Administration**

In 2009 179 files were opened. There were numerous correspondences of all types and nature from different entities and the public. The Registrar filled/compiled various verification letters of current registration and good conduct for various registered nurses and midwives, who wished to get registration as nurses and/or midwives outside Malta.

Queries were dealt with either by phone, e-mail, letters or those who came in person to the CNM office.

The CNM website is being continuously updated.

## **12. Warrants**

Following the publication of Legal Notice 276/08, first level nurses were entitled to possess a warrant to practice their profession (on satisfaction of several criteria). On the 16<sup>th</sup> of June 2009, the Council issued DH Circular 171/09 titled: Call for applications for the issuance of warrants to nurses. This circular was sent by post to a total of 2,400 registered nurses.

Till the end of July 2009 the Council received 1,276 applications, of which 678 were processed till the end of the year in question. These warrants will be distributed in the year 2010.

## **13. The Internal Market Information (IMI) System**

In order to comply with 'mutual assistance provisions' in European internal market legislation, administrators throughout the European Economic Area need to exchange information with their counterparts in other countries. The IMI System is an electronic tool designed to help them in this cooperation. IMI consist of a computer application that is accessible via the Internet without the need to install any additional software. It was developed by the European Commission in close cooperation with Member States.

IMI is designed as a flexible system that can be used for all sorts of internal market legislation. It is currently used for the directive on the recognition of professional qualifications (2005/36/EC).

This year the Council received two requests by this system and both were dealt with immediately.

## **14. Contacting the Council for Nurses and Midwives:**

Address: Council for Nurses and Midwives  
181, Melita Street,  
Valletta  
Malta

Telephone: +356 21 25 55 38

E-mail: [cnm@gov.mt](mailto:cnm@gov.mt)

Website: <http://www.sahha.gov.mt/pages.aspx?page=83>

Appendix 1

## **Report on the Summit of European Midwifery Regulators May 2009 at NMC UK**

Hosted by the NMC on Friday 22 May, the event was the first of its kind to bring together regulators of midwives from across the continent. Midwifery Regulators from eighteen European countries met in NMC Head Quarters in London to discuss ways in which all midwifery regulators of these countries can collaborate to enhance the safety of women and babies across the EU. The event included regulators from Austria, Belgium, Croatia, Cyprus, Denmark, Estonia, France, Hungary, Ireland, Italy, Norway, Portugal, Romania, Slovakia, Slovenia, Spain, United Kingdom and Malta. Thresanne Howland represented the Nursing Midwifery Council of Malta.

This event focused on the challenges posed by EU legislation on the freedom of movement of professionals across Europe. Issues discussed included the diversity in midwife training and scope of practice across Europe as well as the importance of sharing fitness to practise information on midwives crossing borders. This event has demonstrated that European midwifery regulators face similar challenges in terms of ensuring only those midwives who are fit to practise are able to join our registers and move between countries. In fact, it was agreed that an informal network of European midwifery regulators is needed and thus such initiatives are welcomed. The aim of such a network will be to improve the exchange of best practice between regulators and to co-ordinate joint communications with EU decision makers on issues of mutual concern, especially in regard to EU legislation.

Another meeting has been scheduled in November 2009.

Compiled by Ms. Thresanne Howland

Appendix 2

# **Report on the Summit of European Midwifery Regulators. Second Edition, Brussels, 20 November 2009**

## **Challenges of the implementation of Directive 2005/36/EC - Thomas Wiedmann**

Dr. Wiedmann discussed the way to implement the 2005/36/EC Directive in registering Midwives. He said that Article 40 provides for 2 routes; route 1: at least three years of study and route 2: training of general care nurse plus 1.5 years midwife training. Access of training is contingent upon these conditions for route 1: 10 years of general school education and for

Route 2: qualification as a general care nurse. The course that the midwife must have followed should include both Theoretical and practical study. The theoretical and technical instruction should have general subjects and Subjects specific to the activities of midwives; while the Practical and clinical training should be done in the form of supervised in-service training.

Under article 40 (3), training shall assure adequate or detailed knowledge of amongst others:

- ✚ obstetrics and gynaecology
- ✚ ethics and legislation
- ✚ biological functions, anatomy and physiology

Automatic Recognition:

Qualifications listed in Annex 5.5.2 are subject to automatic recognition, but only in so far as they satisfy one of three criteria set out in Article 41 (1)

- a) 3 years of midwife training
  - i) either on basis of higher education entrance qualification (maturity)
  - ii) or followed by two years professional practice.
- b) 2 years or 3600 hours of midwife training following qualification as a nurse (route II)
- c) 1.5 years or 3000 hours of midwife training following qualification as a nurse (route II) and followed by 1 year professional practice.

Minimum field of activities (Article 42(2)) amongst others:

- ✚ provision of sound family planning
- ✚ monitoring normal pregnancies
- ✚ conducting spontaneous deliveries
- ✚ examining and caring for the new-born infant
- ✚ carrying out treatment prescribed by doctors...

Implementation of the directive:

A committee on the recognition of professional qualifications (Article 58) is made up of representatives of the Member States and chaired by the Commission. National Coordinators to promote uniform application of the directive. Both can involve experts (e.g. from competent authorities or professional organisations)

Study programme of annex 5.5.1 may be amended by decision of the Commission (delegated power under Article 58). This happens only with a view to adapting it to scientific or technical progress and only if not amending “legislative principles” relating to the structure of the profession. As from 1<sup>st</sup> December 2009 amendments of the directive do not require unanimity of Member States anymore because the treaty of Lisbon provides for qualified majority.

### **IMI System and the Midwifery Profession - Nicholas Leapman**

Mr. Leapman briefly described how the IMI system works and said that it is a multilingual electronic tool for exchange of information between competent authorities throughout the European Economic Area and that it was developed by the European Commission in partnership with the Member States. IMI facilitates communication between public administrations at national, regional and local level. Competent authorities of the 30 EEA Member States can contact each other via IMI. At the end of this year, the IMI system will be adding another function which will enable the user to check different competent regulatory bodies of different countries.

### **The exchange of information on fitness to practice: the example of the Irish Nursing Board - Ursula Byrne**

The key purposes for exchange of information on fitness to practice are the protection of the public and the protection of the reputation and standards of the midwifery profession. Directive 2005/36/EC Article 56 (2) states that the competent authority of the host and home Member States shall exchange information regarding disciplinary action.

The Health Professional Crossing Borders is an informal partnership of professional healthcare regulators from within Europe that works collaboratively on a range of regulatory issues. The purpose is to contribute to patient safety in Europe through effective regulatory collaboration in the context of cross-border healthcare and free movement of healthcare professionals. The HPCB has a General Memorandum of Understanding covering the proactive Case by Case Exchange of Disciplinary Information between competent authorities and similar bodies.

### **The An Bord Altranais (ABA) Fitness to Practice (FTP) process.**

An application for FTP inquiry may or may not lead to actual Inquiry (40%vs 60%). One of the possible inquiry findings can be that the midwife is found Guilty of professional misconduct and/or unfit to practice by reason of physical or mental disability. In some cases even when the midwife has a history of alcohol and drug abuse she has been found guilty.

Possible sanctions are Erasure; Suspension; Conditions; Censure; Admonish; Advise.

No information can be exchanged unless the midwife has been the subject of a FTP Inquiry and found guilty of professional misconduct and/or unfit to practice by physical or mental disability. Only the 'Findings' of the inquiry can be disclosed. Any additional disclosure can only occur with the consent of the midwife. By law, the Minister for Health and the midwife's employer (if known) must be notified of erasures, suspensions and the attachment of conditions.

After the 2<sup>nd</sup> Publication policy of July 2007 they were able to publish a much wider interpretation of Findings - as much as legally possible. Now they circulate the information to competent authorities; all countries/jurisdiction where the midwife is known to hold or have held registration, and any country/jurisdiction where the midwife is known to reside even if she is not known to hold registration in that country/jurisdiction.

In February 2008 ABA became a signatory to the Health Professionals Crossing Borders Memorandum of Understanding from them on publication became normal.

#### **Survey on midwifery regulation in Europe 2<sup>nd</sup> Edition - Julie-Jeanne Regnault**

Results of this survey are available at CNM's office

#### **Forum's internal activities and work programme - David Hubert**

The objectives of this Forum are to become a reference point for European Institutions, to represent the interest of women using the services of midwives at EU Level and to enhance collaboration among European midwifery regulators. The achievements so far were: two successful meetings, interest of regulatory bodies and the expectations of the EU institutions. The challenges are to extend the number of countries involved, to structure the network in a flexible and efficient manner and to cooperate with the relevant stakeholders. The next steps are to structure the network, to define priority actions, to organise the work and giving visibility and to establish partnerships.

Finally there was a proposal to set up two working groups. One is a content oriented and one focused on communication aspects.

The purpose of the working group is to identify common areas of interests, to make research and to draft common positions of the Network. While the purpose of the visibility and communication working group is to give and identify the network: name, logo, etc, to prepare a simple website, editing a newsletter disseminating the results of the Policy working group and to organise the next Summit and potential seminars.

We were asked to tell them in which working group were we going to join and told them that we would need to discuss this with the other members of the council. The working groups will be working with Distance work; by e-mails, conference calls and web-tools. They must be not time consuming and would have active support from NMC and ONSF

Regarding the next meeting it was decided that it should be done in May the whereabouts will be announced later next month.

Compiled by the Registrar

