



Te Kaunihera Tapuhi o Aotearoa
Nursing Council of New Zealand

ANNUAL REPORT 2009

OUR VISION AND GOALS

OUR VISION.

Our vision is a safe and effective nursing workforce.

OUR MISSION.

Our mission is to regulate nursing to protect public health and safety.

OUR VALUES.

The Nursing Council of New Zealand is guided by the principles of the Treaty of Waitangi, protection, partnership, participation and the values of integrity, accountability, respect, fairness and quality.

KEY STRATEGIC GOALS 2009–2010.

- GOAL 1.** To manage the regulatory framework to ensure it remains effective in meeting current and future workforce needs.
- GOAL 2.** To engage and communicate effectively with nurses, the public and other stakeholders.

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KEY RESULTS 2008–09

EDUCATING AND PREPARING COMPETENT NURSES

- + The Nursing Council prepared and administered state final examinations for 1,281 registered nurse candidates. 98% passed and became registered as competent to practise.
- + 62 nurse assistants sat state final examinations for registration and 97% passed.
- + The first undergraduate nursing programme for Maori was approved. Te Tohu Paetahi Te Ohona Mataora, a Bachelor of Health Sciences (Maori Nursing) is being delivered by Te Whare Wānanga o Awanuiārangī. It was the only new undergraduate programme approved in 2008–2009.
- + Seven undergraduate and three post-graduate programmes were monitored.
- + Five new nurse assistant programmes were approved.
- + Three new competence assessment programmes (for nurses returning to the workforce and internationally qualified nurses seeking New Zealand registration) were approved and three established programmes were monitored.
- + All District Health Board hospital-based Nurse Entry to Practice programmes for new graduates were approved. The majority of the Expansion programmes for those working in community-based health services were approved.

ASSURING THE ONGOING COMPETENCE OF NURSES

- + A 6% increase in the registration of new graduates.
- + A 13% increase in the registration of internationally qualified nurses.
- + 48,683 practising certificates were issued during the year, an increase of 6% on the previous year.
- + The 50th nurse practitioner was registered in December 2008.
- + 31 nurse practitioners now authorised to prescribe.
- + An improvement in the turnaround time for processing practising certificate applications from six weeks to 20 working days or fewer.
- + 25% faster processing of registration applications for nurses with international qualifications.
- + Over 12,000 nurses were involved in workplace professional development programmes.
- + 1,075 nurses were audited for continuing competence, of whom 71% met requirements immediately.
- + A major research project to evaluate current competence measures was announced.
- + Two new professional development and recognition programmes were approved and two were audited.

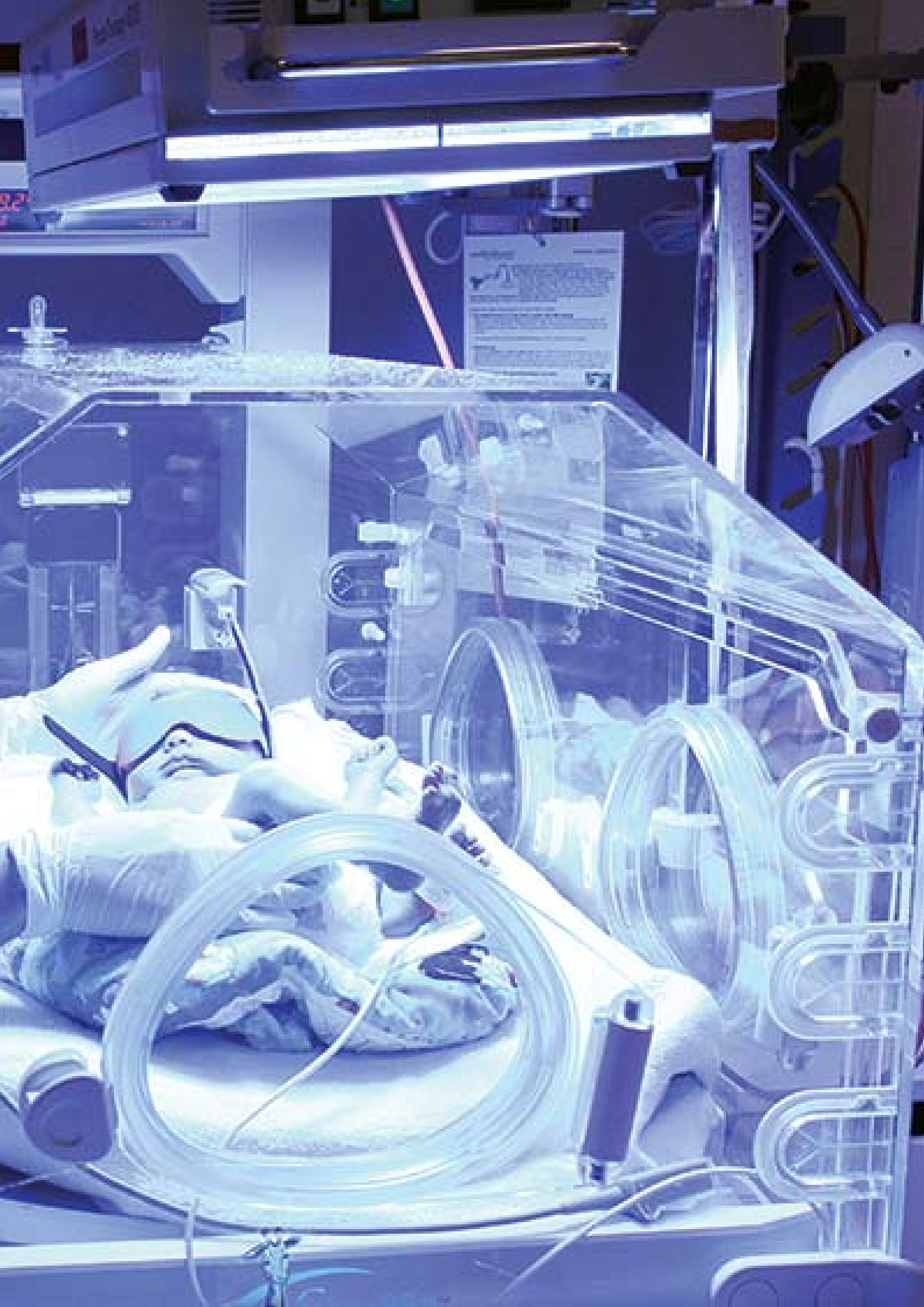
MANAGING COMPLAINTS AND CONCERNS

- + Complaints referred to Professional Conduct Committees for conduct issues represent only 0.13% of the total number of nurses practising.
- + 45% of complaints investigated required no further disciplinary action. 18% had charges laid with the Health Practitioners Disciplinary Tribunal.
- + A new target was set to complete investigations within eight months of referral to a professional conduct committee.
- + Six nurses were found guilty of charges of professional misconduct by the Health Practitioners Disciplinary Committee.
- + 105 nurses, 0.02% of practising nurses, had concerns about their competence notified in 2008–09.
- + Although the incidence of competence notifications is very small, there was a significant increase in notifications in 2008–09. This is likely to be due to greater awareness of the competence process, particularly amongst employers.

CORPORATE SERVICES

- + A renewed focus on effective engagement and communication with nurses, the public and other key stakeholders.
- + The database was reviewed and reconstructed.
- + Electronic files were consolidated.
- + Human resources policies were reviewed and updated.
- + Organisational policies were reviewed and updated.
- + A library catalogue was established.





CHAIRPERSON'S REPORT

I am very pleased to present our new-look Annual Report and my first report as Chairperson of the Nursing Council. This is a milestone document for us and it makes an important contribution towards implementing our key strategic goal, which is to engage and communicate effectively with nurses, the public, those in the wider health sector, and indeed with all people with an interest in our work.

An Annual Report provides a time for reflection—we look back at our work and our achievements of the past year in order to move forward. The past year has been marked by significant change for the Nursing Council. It has also been a year of immense change on a global level and I want to reflect on one aspect of that as it touches us.



The United States banking crisis focused attention on the place of regulation in a society, and the role of regulation has been one of the issues at the forefront of global thinking. The Nursing Council is a regulatory authority. We are governed by the Health Practitioners Competence Assurance (HPCA) Act and charged with ensuring the competence of nurses to protect public safety. We may bridle at the discipline that regulation imposes on us but the past year has made us all more aware of the consequences of inadequate regulation.



The registration system that we administer provides external verification of a nurse's competence. It is a robust system and I hope this report demonstrates how much is being done to ensure that the regulation of nursing is effective.

A major change for the Nursing Council in the past year came with the resignation of Marion Clark as Chief Executive after 11 years in the

position. Under her leadership the Council had a seemingly trouble-free transition from the old Nurses Act to the new HPCA Act in 2003 and 2004. It was a huge transition and at her farewell in November last year many of those present paid tribute to Marion's expertise in leading the organisation through that period of change. She made a considerable contribution to the work of the Nursing Council and I thank her for that.

The Council went through an extensive and rigorous process to appoint a new Chief Executive and Registrar. We were very pleased to be able to announce in January our decision to appoint Carolyn Reed, who was previously the Council's education manager and had been acting Chief Executive. She won the position against strong competition from a shortlist of five people, which included two international applicants. Carolyn's work since her appointment demonstrates the wisdom of Council's choice and is to her credit. I want to thank her for the professional leadership she has provided. I want also to thank staff who have worked loyally with Carolyn to secure the changes that have been implemented.

The Council itself has also seen changes. We were very saddened when our colleague Noeline Warmington (Ngapuhi/Ngati Kahu/Te Rarawaa) passed away last year. She was a strong advocate for Maori, for nursing and for health, and she provided inspiration for many.

After two years as Chairperson of the Council, Beverley Rayna chose not to make herself available for re-election. I acknowledge the contribution and work she has done in her stewardship of the chairperson's role and look forward to continuing to work with her as a member of the Council. Her resignation led to my election

as Chair and Deborah Rowe as Deputy Chair in January 2009. We also welcomed Julia Hennessy, who is a registered nurse and Executive Dean at the Wellington Institute of Technology, to the Council.

The past year, as all will be aware, saw a change of government. The Council welcomes the opportunity to work with the new Minister of Health and to engage with his priorities for nursing and for the Council. One of his first initiatives was to increase the number of lay people on the Council from two to three, and to appoint Pat Seymour to this new position. Pat has been a consumer advocate for health and education for many years.

Interestingly, the increase in lay membership of the Council may be seen to be aligned with the Council's own strategic planning which places greater emphasis on raising public awareness of the role of the Council. The 2008 review of the HPCA Act (to which the Nursing Council made a submission) found few authorities were active in fulfilling this function. Traditionally we have focused our attention on nurses, and on ensuring their competence to protect public safety. While that won't change, we are broadening our focus.

At the end of March, the Minister announced a new process for electing nurse representatives to the Council. The Council put in place a process to conduct the election and by the time this report is published the result will be known. We hope this will also serve to raise awareness amongst nurses of the Council's roles and responsibilities.

The cost of promoting and administering elections is likely to make the work of the Council more costly but those costs will be managed. This poses challenges for our financial management – we can't be cavalier about passing increased costs onto the profession but on

the other hand we must not be so constrained that operations are affected.

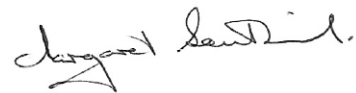
We take seriously our responsibility to ensure we operate with great fiscal responsibility as the cost of the Council is borne entirely by the profession, through the fees we charge for practising certificates. It is therefore essential that nurses in particular understand and value the Council's statutory duties and responsibilities. Better understanding is likely to bring real benefits as maintaining the confidence and respect of the profession is important for the effective functioning of the Council.

We understand the need for the Council to avoid making the conditions in which registered nurses work impossibly bureaucratic while at the same time ensuring that standards are maintained and complied with. We also need to ensure that we stay congruent with international standards.

To achieve that balance, we have to operate in a climate of trust. We understand that we have to earn that trust. It is not a given. We will do that through improving the quality of our communications to ensure that people understand the work of the Council—even if they don't always agree with all our decisions.

2008-2009 has been a big year for the New Zealand Nursing Council. While change is about us all the time, a time of significant change represents the possibility both of threat and of opportunity. The Council has used this time as an opportunity to re-examine itself and how it should be working into the future. The strategic planning that took most of our attention in the first part of 2009 has been most worthwhile. I am pleased with the greater clarity we have achieved. We have a sharper appreciation that while the Council is the regulatory body, and its work

is underpinned and legitimated by the HPCA Act, it operates best when there is a climate of trust with stakeholders. We are committed to securing and maintaining that trust for the benefit and safety of all.



DR MARGARET SOUTHWICK, QSM
CHAIRPERSON



MEMBERS OF THE NURSING COUNCIL

Members of the Nursing Council at the end of March 2009 included:

MARGARET SOUTHWICK, QSM
CHAIRPERSON
(JANUARY 2009-CURRENT)
DEPUTY CHAIRPERSON
(DECEMBER 2006-DECEMBER 2008)
Margaret Southwick (Tuvalu/Pakeha) is a registered nurse and Dean of Faculty, Health, Education and Social Science at Whitireia Community Polytechnic. She received the Queen's Service Medal in March 2009 for services to the Pacific Islands community. She is also a member of the Pacific Research Advisory Committee and the Health Workforce Advisory Committee of the Ministry of Health.

DEBORAH ROWE
(JOINED SEPTEMBER 2008)
DEPUTY CHAIRPERSON
(JANUARY 2009-CURRENT)
Deborah Rowe is involved in education, policy, leadership, quality and safety and is currently completing a PhD in Quality and Safety within the public health care sector. She currently has a joint appointment between Auckland District Health Board as a nurse consultant and the University of Auckland as a lecturer. She is also involved clinically at the neonatal intensive care unit at Auckland City Hospital.

JULIA HENNESSY
(JOINED AUGUST 2008)
Julia Hennessy is currently Executive Dean at Wellington Institute of Technology. Since registering as a nurse, She has been involved in the clinical areas of mental health, psychogeriatrics and intellectual disability. She has also been involved in education, health management, health policy and service development.

MARGARET MILLARD
(NOVEMBER 2002-PRESENT)
Margaret Millard, of Palmerston North, has worked for many years in the voluntary sector, including significant involvement in the Rural Women's Network. She has extensive governance experience, including being a councillor and chairperson of the Open Polytechnic of New Zealand. She was appointed to

the Nursing Council as a lay member in November 2002. (In August 2009 she became Dame Margaret Millard DNZM.)

ROXANNE MCKERRAS
(SEPTEMBER 2006-PRESENT)
Roxanne McKerras is currently working as a clinical team coordinator at Christchurch Public Hospital and has gathered extensive clinical experience since graduating as a registered general and obstetric nurse in 1983. She has a Diploma in Health Services Management, a Masters in Nursing and is in her second year of a law degree at Canterbury University.

CHRISTINE PAYNE
(SEPTEMBER 2006-PRESENT)
Christine Payne currently works as a nursing and healthcare consultant. She has extensive nursing experience as a clinician in ICU/CCU medicine and elder care, as well as experience in management, education and professional leadership in the United Kingdom. Christine has been in New Zealand since 1998 and has worked as nurse leader at Middlemore Hospital and as executive director of nursing and midwifery at the Bay of Plenty District Health Board.

BEVERLEY RAYNA
(CHAIRPERSON NOVEMBER 2006-DECEMBER 2008, COUNCILLOR DECEMBER 2008-PRESENT)
Beverley Rayna is nurse manager of St Allisa Court Rest Home in Christchurch. She is a registered nurse, and has had 30 years experience in nursing education both as a teacher and a manager. Her clinical practice experience has been mainly in medical and surgical nursing.

KATHRINE TOWNSHEND
(SEPTEMBER 2006-PRESENT)
Kathrine Townshend has worked in a law office and as a counsellor working with survivors of sexual abuse and domestic violence. Prior to being appointed to the Nursing Council she spent six years on committees involved in the ethical review of research involving human participants. She was appointed to the Council as a lay member in 2006.

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PHOTO FROM LEFT TO RIGHT
Deborah Rowe, Roxanne McKerras, Christine Payne, Margaret Southwick, Kathrine Townshend, Margaret Millard
Absent: Julia Hennessy, Beverley Rayna



CHIEF EXECUTIVE'S REPORT

Just on 46,000 registered nurses are currently practising in New Zealand. The Nursing Council is required, by the system of regulation spelt out in the Health Practitioners Competence Assurance Act, to ensure that those nurses are competent to provide effective and safe health care to New Zealanders.



It is a big responsibility and can only be achieved with real commitment from everyone involved in nursing, from nurses themselves, to educators, employers, professional organisations and health authorities. As Chief Executive of the Nursing Council and a career nurse, I care deeply about this. I see my role as providing the leadership so that this vision is widely understood and embraced.

This is my first Annual Report as Chief Executive and I hope it conveys and reflects the professionalism, dedication and commitment of the Nursing Council to this goal. As the new Chief Executive I am excited by the challenge of taking on the leadership role. My promise to nurses and the public is that we will work in an efficient, collaborative, transparent and honest way.

One of the challenges for the Nursing Council is that we have to be responsive to the ever-changing face of nursing practice. I see it as critical that we are out and about—listening, talking and collaborating with our colleagues—to ensure we have a deep understanding of the complexities of the world for which we regulate. Over the past year, we have made a real effort to step up our level of engagement to ensure that all Council decisions are well-informed. I am pleased that the feedback has been very positive everywhere we have gone.

One message that has been taken on by the Council and the sector as a whole is the part that Maori nurses play in

improving health outcomes for Maori. As a former nurse educator and education manager for the Council, I was particularly pleased in 2008 to see the Council approve Te Whare Wānanga o Awanuiārangi's application to deliver a Bachelor of Health Sciences (Maori Nursing). Whitireia Polytechnic is also planning to commence a Bachelor of Nursing Maori. These programmes, which are required to meet the same academic standards as all other programmes, aim to retain Maori students by providing a culturally supportive learning environment. I look forward to tracking their progress and to seeing their first graduates in 2011.

The past year has seen a lot of thinking and work around the role and functions of a regulating body to ensure that we are well focused and deal only with matters that are appropriately our business. The strategic reviewing and planning work has been very useful and has helped clarify our thinking—particularly in relation to issues on the boundary such as workforce planning. We now have a sharper appreciation of the need to manage the regulatory framework to ensure it remains effective in meeting current and future workforce needs.

As the Council communicates with every nurse annually through the issuing of practising certificates, it is in a privileged position in terms of its access to workforce data. This data is an important source of workforce statistical information for the Ministry of Health. Collection of this data is, I think, going to become even more important for us given the broader fiscal pressures to anticipate as much as possible future education and workforce needs.

Improving our customer service has been another priority of the 2008-2009 year. Our customers include nurses wanting to register as well as members of the public wanting to raise an issue about a nurse's

practice. One of the greatest successes of the past year was the significant improvement in the turn-around time for processing practising certificate applications. This is now 20 working days or fewer—a dramatic reduction on the six-weeks it took at the same time last year. Congratulations must go to the registration team for achieving this great result in just six months.

With increasing numbers of nurses seeking to come to New Zealand, we conducted a review of registration criteria for nurses with overseas qualifications at the end of 2008. Standards were benchmarked with other health regulatory authorities in New Zealand and overseas, and modifications were made to improve the clarity and transparency of guidelines. This enabled the processing of applications to be streamlined and the turn-around reduced from 60 days to 30-40 days on receipt of complete documentation.

We are now working towards nurses who are applying for registration from overseas being able to track their registration online. Similarly, we are working towards online renewal of annual practising certificates for New Zealand nurses.

To do this, we must have robust behind-the-scenes systems. Central to these systems is the database that underpins all of the Council's operations. In the past year considerable effort has gone into reviewing and reconstructing the database—effectively updating the quality of information it holds. The database upgrade is a major capital project for the next two years but the benefits delivered by the improvement will lead to future savings and efficiencies.

On the external front, we want to raise public awareness of the Council and the role that regulation and the assessment of competence plays in public safety. We are fortunate that

nurses in New Zealand are competent and that the standard of nursing care is excellent. The low level of complaints and notifications about individual nurses is evidence of that. However, there is no room for complacency and we must look to continuously improve. The Council is beginning a major research project to review competence measures. The current measures reflected the best thinking when the Act was introduced five years ago but there has been very little research on this since then. The findings of this project are of international interest.

When we talk about raising public awareness, which is a statutory responsibility of Council, the term public includes nurses, employers and the wider health sector, as well as consumers and those who use nursing services. As the Nursing Council is funded by practising certificate fees from nurses, it is essential that nurses in particular understand and value the Council's statutory duties and responsibilities. To that end we must communicate effectively and spend prudently.

This year has seen the Minister of Health add an additional member to Council and introduce elections. We have been happy to undertake that process and look forward to seeing the results of the election. At the end we will have to evaluate the costs and there may need to be a small increase in the fees charged to nurses in 2010 to cover the cost of the 2011 elections. However, we hope nurses see the value in participating in this democratic process as from 2011 it will mean that three of the six nursing members around the Council table will have been elected by nurses themselves.

As Chief Executive, I want to see the Nursing Council positioned as an organisation that leads by example and achieves a balance between preserving

high standards of care and public safety while being open and responsive to the changing environment and the needs of practitioners. As we demand accountability from nurses so, too, we must be able to be accountable and clearly communicate our thinking and decisions.

For helping shape the strategic thinking guiding our work and for their support of me as Chief Executive I give my profound thanks to the Council and to the Chair, Dr Margaret Southwick. I also want to thank staff for their dedication and hard work. It is also a real privilege to work with nursing colleagues around the country who share our vision to ensure that this country has a robust system of regulation that meets the challenges of public safety.



CAROLYN REED,
CHIEF EXECUTIVE



THE SENIOR MANAGEMENT TEAM

LYN DYSON

EDUCATION MANAGER (ACTING)

Lyn Dyson has worked for many years in nursing education in a range of teaching positions. Her special interest has been teaching and learning in the clinical setting, and this was the topic of her Masters thesis. Before joining the Nursing Council staff in September 2008, she was a senior lecturer at the University of Auckland, where she was involved in teaching and coordinating the post-graduate papers. She previously contributed to Nursing Council audits of education programmes and nurse practitioner panels.

PAM DOOLE

PROFESSIONAL STANDARDS MANAGER

Pam Doole has worked for the Council for eight years. She oversees continuing competence requirements for nurses and manages the competence review process as well as contributing to strategic projects. Prior to joining the Council she was director of nursing at Hutt Valley District Health Board for six years and the professional development recognition programme coordinator for two years. She has also worked as a nurse in various clinical areas at Wellington Hospital. Pam has a Bachelor of Arts in History, a Diploma in Nursing and a Master in Philosophy (Nursing).

CAROLYN REED

CHIEF EXECUTIVE

Carolyn Reed brings a lifetime career in nursing practice and education to her role. She started her nursing career at Nelson Hospital and worked as a nurse for 15 years before completing a MA (Nursing) with Distinction at Victoria University. She moved into nursing education at the Nelson-Marlborough Institute of Technology where she rose through a range of management roles to the position of Dean of the Health and Social Sciences faculty. She moved to Wellington to become the Council's Education Advisor in 2005, the Acting Chief Executive in September 2008 and the Chief Executive in February 2009.





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PHOTO FROM LEFT TO RIGHT

Lyn Dyson, Pam Doole, Carolyn Reed,
Clare Prendergast, Lindsay Hiener,
Andrea McCance

CLARE PRENDERGAST
LEGAL ADVISOR

Clare Prendergast manages the legal team and provides general legal advice to the Nursing Council. She registered as a nurse in 1977 after completing the Wellington Hospital programme, then practised as a staff nurse before travelling overseas and working as an agency nurse in London. On her return she commenced a law degree in 1982 while continuing to work part-time at Wellington Hospital. She left nursing in 1992 to work as a legal editor for Brookers. Clare has worked at the Nursing Council since 1995.

LINDSAY HIENER
CORPORATE MANAGER

Lindsay Hiener moved from South Africa to New Zealand in 2005 and worked in finance before joining the Nursing Council in her present position in 2007. She brings experience in local government management to her role, having been appointed as a municipal manager in South Africa in 1998. She was then only the second woman and the youngest person in South Africa to be appointed to this role. She has studied business administration and project management, developed executive leadership programmes and consulted extensively on change management, championed ethical behaviour and provided mentorship.

ANDREA MCCANCE
REGISTRATIONS MANAGER

Andrea McCance was director of nursing and midwifery at Eastern Health Melbourne and a board member of the Nurses Board of Victoria prior to moving to New Zealand and to her current position with the Council two years ago. She is a registered nurse with extensive clinical and management experience. She holds post-registration qualifications in midwifery and cardiac care, a Bachelor of Arts (Politics and Fine Arts), and a post-graduate diploma in Organisational Behaviour. She is also a graduate of the Australian Institute of Company Directors.



14



EDUCATING AND PREPARING COMPETENT NURSES

KEY RESULTS 2008-09

- + The first undergraduate nursing programme for Maori was approved. Te Tohu Paetahi Te Ohona Mataora, a Bachelor of Health Sciences (Maori Nursing) is being delivered by Te Whare Wānanga o Awanuiārangī. It was the only new undergraduate programme approved in 2008-2009.
- + Seven undergraduate and three post-graduate programmes were monitored.
- + Three new competence assessment programmes (for nurses returning to the workforce and internationally qualified nurses seeking New Zealand registration) were approved and three established programmes were monitored.
- + Five new nurse assistant programmes were approved.

The Nursing Council has an important role in setting standards for nursing education. It prescribes the qualifications and the education standards for nursing programmes in each scope of nursing practice to ensure that graduates are well prepared and competent to meet the health care needs of New Zealanders.

In addition to setting the standards for education providers offering nursing programmes, the Nursing Council approves and monitors the programmes. It ensures that tertiary education organisations are kept informed about legislative requirements regarding competence and current Council policies to protect public safety. The Council maintains oversight of educational and clinical issues and works closely with both education providers and government quality assurance agencies such as the New Zealand Qualifications Authority (NZQA).

Other work includes the approval of education programmes for nurses who wish to change the conditions in their scope of practice, and ensuring policies such as the clinical-hours requirement and programme length are met for individual nurses in the undergraduate programmes. A review of the undergraduate programme standards is planned for the second half of 2009.

Approving and monitoring programmes

There are 17 schools offering nursing programmes on 22 sites throughout New Zealand. All are approved by the Council in collaboration with agencies such as the NZQA. Programmes are approved for a maximum of five years. Schools that make significant changes to a curriculum, or establish a new delivery site, are required to have their programme reapproved. The Nursing Council regularly assesses nursing curricula to ensure

that the implementation continues to meet the standards for registration.

In 2008 one new undergraduate programme was approved by the Council. Te Whare Wānanga o Awanuiārangī now provides Te Tohu Paetahi Te Ohona Mataora, a Bachelor of Health Sciences (Maori Nursing).

Whitireia Polytechnic is also preparing a new Bachelor of Nursing Maori. These programmes will provide nurses with an additional cultural dimension focused on the specific health needs of Maori communities. They will also reflect a culturally appropriate learning environment.

Seven undergraduate programmes were monitored in 2008. Any programmes which are found, during the evaluation process, to not meet the required standard are advised about improvements needed. Changes are followed up to ensure standards are met.

The Council monitored programmes leading to registration as a nurse at the following institutions:

- + UCOL
- + Nelson Marlborough Institute of Technology
- + North Tec
- + Whitireia Polytechnic (Pacific programme)
- + Waiariki Institute of Technology
- + Unitec
- + Massey University.

No new post-graduate programmes were approved. The following post-graduate programmes were monitored:

- + Postgraduate Certificate and Diploma in Health Science, Southern Institute of Technology
- + Postgraduate Certificate (Mental Health), Whitireia Community Polytechnic

- + Postgraduate Certificate (Forensic Psychiatric Care), Whitireia Community Polytechnic.

Competence assessment programmes

The Council also sets the standards for Competence Assessment Programmes (CAP), which are specifically designed to ensure that locally trained nurses returning to the workforce and internationally qualified nurses (IQN) seeking to register in New Zealand meet the competencies expected of a nurse.

The programmes (which are generally about six weeks long) may be delivered by an educational institute that has an undergraduate nursing programme, or by a registered healthcare provider such as a District Health Board or aged care provider.

The past year has seen an increase in the number of Competence Assessment Programmes in response to an increased demand from both New Zealand educated and internationally qualified nurses. Four established programmes were monitored. A further three new programmes were approved this year, including two offered by aged care providers. These three new programmes are provided by:

- + UCOL
- + Oceania Group (two sites)
- + Eldercare.

The Council also monitored the Competence Assessment Programmes at:

- + Waiariki Institute of Technology
- + Rosebank Residential Home
- + Unitec.

Nurse assistant programmes

This scope of practice is relatively new and this year five new nurse assistant programmes were approved.



Seven undergraduate programmes were monitored in 2008. Any programmes which are found, during the evaluation process, to not meet the required standard are advised about improvements needed. Changes are followed up to ensure standards are met.



KEY RESULTS 2008-09

- + The Nursing Council prepared and administered state final examinations for 1,281 registered nurse candidates. 98% passed and became registered as competent to practise.

- + 62 nurse assistants sat state final examinations for registration and 97% passed.

- + All District Health Board hospital-based Nurse Entry to Practice programmes for new graduates were approved. The majority of the Expansion programmes for those working in community-based health services were approved.

They included two programmes in the medical/surgical specialty, one in perioperative care and two in long-term care and rehabilitation. The Council approved Nurse Assistant programmes at the following institutions:

- + Unitec: Acute care general
- + Christchurch Polytechnic Institute of Technology: Perioperative care
- + Northland Polytechnic: Medical/surgical
- + Waiariki Institute of Technology: Long-term care and rehabilitation
- + Whitireia Community Polytechnic: Long-term care and rehabilitation

One Nurse Assistant programme, the Southland Institute of Technology long-term care & rehabilitation programme was monitored by the Council.

Nurse Entry to Practice (NetP) programmes

The Council is also involved with approving and monitoring the Nurse Entry to Practice programmes under contract to the Clinical Training Agency (the CTA is part of the Ministry of Health). These year-long programmes are a relatively new initiative and focus on supporting the new graduate through their first year in the workforce as they make the transition from student to registered nurse. The Council's education staff have welcomed the opportunity to work with the coordinators of these programmes

and have provided some coaching to the coordinators. The programmes are highly valued by all involved.

In 2008 the CTA extended the funding to include to NetP Expansion programme. These programmes support new graduates working in community-based health services, such as aged care, Primary Health Organisations and Maori health providers, during their first year of practice.

The Council has now approved all DHB hospital-based NetP programmes and has commenced approving the Expansion programmes. The final NetP Expansion programme will be approved in the 2009-2010 year, making a total of 21 programmes.

State final examinations

The Council meets its responsibilities to protect public safety by prescribing registration requirements for all nursing graduates. In order to be registered in either the Registered Nurse or Nurse Assistant scope of practice, nurses must pass the state final examination. The Council sets the exam, administers it and sets the pass requirements. The exam is held three times a year in March, July and November. It provides another form of external-quality assurance and makes it possible to check for variations among providers. Pass results have stayed relatively consistent over the past three years.

Table 1: Registered nurse candidates sitting the state final examination – comparison with previous years

YEAR ENDED 31 MARCH	NO. WHO SAT	PASSED	% PASSED
2009	1,281	1,249	98%
2008	1,351	1,280	95%
2007	1,299	1,232	95%
2006	1,384	1,336	97%
2005	1,229	1,201	98%

The Education Committee

The Committee considers education issues and advises the Council on matters relating to education policy. The Committee is responsible for advising the Council on its process of accrediting and monitoring nursing programmes.

The Committee met on nine occasions during 2008-2009 and:

- + assessed and reviewed programme accreditations and monitoring reports
- + assessed educational equivalence for nurse practitioner applicants
- + assessed applications for change in condition in scopes of practice
- + considered recognition of prior learning and requests for extended programme timeframes, for individual students in nursing programmes.

Members of the Education Committee

Margaret Southwick (*Convenor*)
 Deborah Rowe (*from March 2009*)
 Roxanne McKerras (*April 2008-February 2009*)
 Christine Payne



Table 3: Nurse assistant candidates sitting state examination – comparison with previous years

YEAR ENDED 31 MARCH	NO. WHO SAT	PASSED	% PASSED
2009	62	60	97%
2008	21	18	86%
2007	19	18	95%
2006	19	19	100%
2005	81	78	96%



BETH
ACTING A.C.N.M.
ORTHOPAEDIC THEATRE

TRUP



ASSURING THE ONGOING COMPETENCE OF NURSES

KEY RESULTS 2008-09

- + A 6% increase in the registration of new graduates.

- + A 13% increase in the registration of internationally qualified nurses.

- + 48,683 practising certificates were issued during the year, an increase of 6% on the previous year.

- + The 50th nurse practitioner was registered in December 2008.

- + 31 nurse practitioners are now authorised to prescribe.

- + An improvement in the turnaround time for processing practising certificate applications from six weeks to 20 working days or fewer.

- + 25% faster processing of registration and practising certificates for nurses with international qualifications.

THE REGISTRATION PROGRAMME

The Council's registration programme manages and maintains the New Zealand Register of Nurses, and issues Annual Practising Certificates (APCs).

All nurses working in New Zealand need to be registered and to hold an APC, whatever type of nursing they do. The different areas of nursing in which nurses are authorised to practise are called 'scopes of practice'. There are four scopes of practice:

- + Nurse Practitioners
- + Registered Nurses
- + Enrolled Nurses
- + Nurse Assistants.

The New Zealand Register of Nurses

The Nursing Council maintains an up-to-date register of nurses practising in New Zealand. This publicly available register enables anyone to check on an individual nurse's qualifications, scope of practice, and whether or not he or she has a current Annual Practising Certificate. Information on the register is updated daily and can be viewed on the Nursing Council website.

Despite the global shortage of nurses, registration in New Zealand grew in the 2008-09 financial year, with a 6% increase in registrations of new graduates and a 13% increase in Internationally Qualified Nurse (IQN)

registrations, compared to the 2007-08 year. This made for a very busy year.

The Council registered 1,320 New Zealand applicants, comprising 1,268 registered nurses and 52 nurse assistants.

The Council registered 1,387 internationally qualified nurses during the year, comprising 1,363 registered nurses and 24 nurse assistants (see Table 3).

Annual practising certificates

In addition to registration, which is for life, the Health Practitioners Competence Assurance Act 2003 requires all practising nurses to hold a current Annual Practising Certificate (APC).

Competence and fitness to practice are requirements for APCs, which must be renewed annually. The Act permits the Council to consider and decline practising certificate applications if not satisfied that the nurses concerned are competent and fit to practise. The Council may issue an interim APC in circumstances where the nurse has not completed the practice hours or professional development hours required to maintain his or her competence.

The Council issued 48,683 practising certificates during the year. This was 2,992 more than in the 2007-2008 year—an increase of 6%.

As at 31 March 2009, there were 45,965 nurses with current annual practising certificates. This figure is less than the

Table 3: All registrations – comparison with previous years

DATE	REGISTERED NURSES			NURSE ASSISTANTS			TOTAL
	NZ	O/SEAS	TOTAL	NZ	O/SEAS	TOTAL	
31 MAR 2009	1,268	1,363	2,631	52	24	76	2,679
2008	1,224	1,172	2,396	19	35	54	2,450
2007	1,199	1,285	2,484	16	42	58	2,542

number of certificates issued for the whole year because some certificates are issued for a part-year.

Nurse practitioner registrations

Nurse practitioners (NP) are expert nurses who work within a specific area of practice incorporating advanced knowledge and skills. They practise both independently and in collaboration with other health care professionals to promote health, prevent disease and to diagnose, assess and manage people's health needs. Although well established overseas, this scope of nursing was only introduced in New Zealand in 2001 and it is growing in numbers. A milestone was achieved in December 2008 when the 50th nurse practitioner was registered.

At 31 March 2009 there were 50 nurse practitioners registered, of whom 31 were authorised to prescribe.

The Council has developed a more streamlined NP application process during 2008-2009, with clear feedback given at the desk audit and shorter timeframes from submission of portfolio to actual panel assessment.

The Council consulted on revised NP competencies and these were finalised in collaboration with the Nurse Practitioners Advisory Committee of New Zealand. New 'guidelines for applicants' for the NP scope of practice were also developed.

Improving customer service

The Council's goal in this area is to:

Provide best-practice registration and customer services for nurses.

Despite a demanding workload caused by the increase in nurse numbers, improving customer service was a priority in the past year. In line with the Council vision to provide a timely, effective and efficient service to nurses

and the public, nurses were surveyed to improve understanding of what they want from the Council and how the Council could improve the service it provides.

The results of this survey influenced improvements in processing registrations and applications for practising certificates for both New Zealand and internationally qualified nurses.

One of the greatest successes of the past year was the significant improvement in the turnaround time for processing an application for practising certificate. This is now 20 working days or fewer, a vast improvement on the six weeks turnaround at the same time last year. This was a result of ongoing evaluation and refinement of the process.

Further improvements on timeframes are anticipated with the introduction of online applications in the next year.

Other changes in response to feedback included the reintroduction of a plastic practising certificate card, and the addition of a signature panel to the latest edition of the card to provide extra security.

Addressing the needs of nurses with overseas qualifications

With the increasing numbers of nurses seeking to register in New Zealand, the Nursing Council reviewed its registration criteria for Internationally Qualified Nurses (IQN) in late 2008. The New Zealand standards were compared and benchmarked with those of other health regulatory authorities in New Zealand and overseas (including the New Zealand Medical Council, the Dental Council and the Psychologists Board).

Minor modifications were made to facilitate the registration process by making the guidelines for applicants

as clear and transparent as possible, and posting them on the Nursing Council website. They clearly set out the scope and content of required nursing education including theory and clinical components.

The revised IQN application process went live in January 2009 enabling a more streamlined process, with a faster processing time. The timeframe for IQN registration decisions has been reduced from 60 days to 30-40 days on receipt of complete documentation.

Changes were also made to the English language requirements to allow standards to be met over a series of tests rather than in just one test sitting – a move to make it easier for nurses to meet the language requirements.

The Registration Committee

The Registration Committee has delegated authority for individual registration decisions.

The Registration Committee met on nine occasions in the 2008-2009 year, and:

- + considered registration applications from overseas
- + considered registration applications from New Zealand graduates
- + considered applications for practising certificates.

Members of the Registration Committee

Margaret Southwick (*Convenor*)

Beverley Rayna
(*from April 2008 – January 2009*)

Deborah Rowe (*from February 2009*)

Christine Payne

KEY RESULTS 2008-09

- + Over 12,000 nurses were involved in workplace professional development and recognition programmes

- + 1,075 nurses were audited for continuing competence, of whom 71% met requirements immediately

- + A major research project to evaluate current competence measures was announced.

- + Two new professional development and recognition programmes were approved and two were audited.

CONTINUING COMPETENCE REQUIREMENTS

The Health Practitioners Competence Assurance Act (2003) requires the Council to ensure the continuing competence of nurses to protect public safety. Nurses, like other professionals in New Zealand, are expected to maintain their competence and to continue to learn and develop professionally throughout their career. This is considered a professional responsibility for all practising nurses.

The Nursing Council's continuing competence framework is based on ensuring each practising nurse maintains the required standard of competence. In their annual practising certificate application, nurses have to declare that they meet the requirements of the Act regarding competence and fitness to practise. Competence requirements are based on practice hours, professional development hours and meeting the Council's competencies for their scope of practice.

Professional development and recognition programmes (PDRPs)

Many nurses take part in professional development and recognition

programmes associated with the workplace. The Council supports these programmes and views participation in an approved programme as meeting the requirements for continuing competence.

It is now five years since Council approved the first professional development and recognition programme. A total of 25 programmes have been approved covering District Health Boards, private surgical hospitals, a private accident and emergency provider and practice nurses. At the end of March 2009, 12,033 nurses were involved with these programmes.

Two new programmes offered by Tairāwhiti District Health Board and White Cross Ltd were approved in the 2008-2009 year, and programmes at Southern Cross Hospitals and Wakefield Hospital were monitored to ensure that they continue to meet the Council's standards.

The Council also approved the expansion of some District Health Board (DHBs) programmes to include nurses working for small private and non-government providers, primary health organisations and Māori health providers.

Recertification audits

As the Continuing Competence Framework is based on a system of declaration by individual nurses,

Competence is the combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a nurse.

Table 4: Recertification audits 2008-2009

NUMBER AUDITED	MET REQUIREMENTS	DID NOT MEET REQUIREMENTS
1075	768	307

recertification audits are an important means of assuring the integrity of the system. The Council randomly selects 5% of individual nurses to audit for evidence that they are meeting the continuing competence requirements.

In the past year 71% of nurses audited were able to clearly demonstrate that they met continuing competence requirements. Nurses who did not meet the requirements were issued with interim practising certificates, which generally gave them another six months to meet requirements.

It is three years since the Council introduced recertification audits. Over 3,000 nurses have been audited during this time. Most nurses were able to meet the requirements within the timeframe, with approximately 20% in that period issued with an interim practising certificate until they met requirements.

Evaluation of continuing competence framework

The Council announced a major research project to determine if the ways competence is currently measured—through minimum hours of practice, competence assessment and professional development hours—are the best ways to determine competence. These measures reflected the best thinking when the Health Practitioners Competence Act was introduced four years ago and the review is important to ensure their ongoing relevance. There has been very little research anywhere in the world on competence measures and the findings of this project will be of international interest. This research is expected to start in the 2009-2010 year.

Nurses, like other health professionals in New Zealand, are expected to maintain their competence and to continue to learn and develop professionally throughout their career.







MANAGING COMPLAINTS AND CONCERNS

KEY RESULTS 2008-09

- + Complaints referred to Professional Conduct Committees (PCCs) for conduct issues represent only 0.13% of the total number of nurses practising.
- + 45% of complaints investigated required no further disciplinary action, and 18% had charges laid with the Health Practitioners Disciplinary Tribunal
- + A new target was set to complete investigations within eight months of referral to a professional conduct committee
- + Six nurses were found guilty of charges of professional misconduct by the Health Practitioners Disciplinary Committee.

The Council's role is to protect the public by putting in place effective processes to ensure that nurses are competent and fit to practise nursing. In addition to setting competence standards, the Council manages complaints about the conduct of individual nurses. It also addresses notifications of any concern about the competence of an individual nurse and notification of any health issue that may impact on a nurse's ability to practise safely.

In 2008 the process for assessing complaints about a nurse's conduct and notifications of concerns about a nurse's health or competence was reviewed. In order to ensure that complaints and notifications are considered in a timely and consistent manner, the Registrar set up a committee with representatives from each section of Council staff (health, competence, conduct, registration and education). Since September 2008, this committee has met weekly to assess notifications and complaints.

The committee checks that the issue is within its jurisdiction (that it is a professional issue rather than an employment or personal matter) and whether a complaint or notification is serious enough to warrant further action by the Council. Sometimes the committee may require additional information from a complainant or a response may be requested from the nurse who is the subject of the complaint before a decision is made on whether any action will be taken.

The Council also consulted with colleagues at the New Zealand Nurses Organisation, which supports nurses through the complaints process, about whether nurses should be notified if complaints were received but no further action was to be taken. Agreement was reached that nurses would be notified and offered a copy of the complaint.

COMPLAINTS ABOUT CONDUCT

Complaints about nurses and nursing care are often addressed directly by employers. Where there is a risk to public safety, complaints about a nurse's conduct should be made to the Nursing Council or to the Health and Disability Commissioner. When the conduct has affected a health consumer, the matter will generally be investigated by the Commissioner, although he may refer the complaint to Council. The Council appoints Professional Conduct Committees (PCC) to investigate complaints.

Professional conduct committees

Each PCC comprises one lay member and two nurses. One nurse must have experience in the same area of practice as the nurse under investigation. Similarly, if the nurse is male, Maori or Pacific, this will be reflected in the committee membership.

In the 2008-2009 year, the Council appointed 57 PCCs to consider complaints. With some 46,000 nurses with current practising certificates, this represents 0.13% of the total number of nurses practising.

Each PCC appoints an investigator to investigate a complaint on its behalf. This investigation involves taking statements and collecting clinical notes and any other information relevant to the complaint, and may take some time depending on the complexity of the complaint.

Since September 2008 the Council introduced a target of completing investigations within eight months of referral to a PCC.

The number of professional conduct committee investigations completed has varied over the last four years:

2005-2006	33
2006-2007	21
2007-2008	28
2008-2009	33

The result of PCC investigations

Professional conduct committees make determinations and/or recommendations after meeting with the nurse and complainant. A determination is the final decision on the complaint. A PCC may determine that:

- + no further steps be taken in relation to the matter of the investigation
- + a charge of professional misconduct be brought against the nurse before the Health Practitioners Disciplinary Tribunal (HPDT). This is for matters of serious misconduct.
- + the complaint be referred for conciliation.

A recommendation by a PCC is referred to the Council to decide what action, if any, it will take on the recommendation. A PCC may recommend that the Council does one or more of the following:

- + reviews the competence of the nurse
- + reviews the nurse's fitness to practise
- + reviews the nurse's scope of practice
- + refers the subject matter of the investigation to the police
- + counsels the nurse.

Court convictions

All nurses who have a court conviction for an offence punishable by imprisonment for a term of three months or longer, or offences against the Acts listed in the HPCA Act, must be referred to a PCC. This threshold refers to the penalty

that may be imposed for the conviction, not the actual penalty the nurse received.

The PCC appointed to consider these cases meets every three to four months, generally in Wellington.

The number of such cases being considered has increased over the past four years:

2005-2006	8
2006-2007	16
2007-2008	19
2008-2009	46

The increase may be due to Court Registrars becoming aware that they must notify the Council of these convictions and nurses declaring court convictions with their applications for practising certificates.

Table 5: PCC investigations 2008-2009

AREA OF PRACTICE	TOTAL
Mental health	2
Acute care	11
Continuing care	13
Primary health care	5
Not practising	2
Total	33

Table 6: Outcomes of PCC investigations 2008-2009

OUTCOME	TOTAL
Charges laid with the HPDT	6
No further action	15
Letter of counsel	3
Referred for health monitoring	2
Referred for competence review	7
Total	33

All nurses who have a court conviction for an offence punishable by imprisonment for a term of three months or longer, or offences against the Acts listed in the HPCA Act, must be referred to a PCC.

Table 7: Outcomes of professional conduct committee investigations of nurses with court convictions 2008-2009

OUTCOMES	TOTAL
Charges laid with the Health Practitioners Disciplinary Tribunal	6
No further action	9
Letter of counsel	21
Referred for health monitoring	10
Referred for competence review	0
Total	46

Table 8: Outcomes of investigations into nurses practising without a practising certificate 2008-2009

OUTCOMES	TOTAL
No further action	16
Letter of counsel	19
Referred for competence review	1
Total	36

Table 9: HPDT decisions on 2008-2009 prosecutions

OUTCOMES	TOTAL
Not proven (professional misconduct)	2
Professional misconduct	4
Conviction that reflects adversely on fitness to practise	2
Total	8

The determinations and recommendations that the PCC may make following a court conviction hearing are the same as for complaints about conduct. However, in deciding whether to lay a charge, the PCC is looking at whether or not the conviction is sufficiently serious to reflect adversely on fitness to practise (see Table 7).

Practising without a practising certificate

The Council has also appointed a PCC to consider nurses who may have practised without a practising certificate. This is taken seriously because issuing practising certificates enables the Council to assess and monitor nurses to ensure they are competent and fit to practise, thereby protecting public safety.

In 2008-2009 the PCC considered 36 nurses who had practised without practising certificates, a significant decrease from the previous year. Part of this decrease may be due to the Council accepting reasonable explanations for the lapse, coupled with an increased awareness on the part of nurses and employers of this important requirement. Almost all of these nurses informed the Council that they had practised without a practising certificate for reasons of oversight. Although it is the responsibility of nurses to ensure that they hold a current practising certificate, employers also have a responsibility to ensure that nurses are entitled to practise (see Table 8).

The number of nurses practising without a practising certificate has varied over the last four years:

2005-2006	18
2006-2007	5
2007-2008	81
2008-2009	36

Health Practitioners Disciplinary Tribunal prosecutions

The PCC is able to prosecute charges against nurses on the following grounds:

- + professional misconduct/malpractice, negligence or conduct likely to bring discredit to the nursing profession
- + convictions for offences that reflect adversely on fitness to practise
- + practising while not holding a practising certificate
- + practising outside their scope of practice
- + failing to observe any conditions included in their scopes of practice
- + breaching an order of the HPDT.

The PCCs prosecuted charges against eight nurses in the 2008-2009 year. Six of these cases were charges of professional misconduct and two were brought following criminal convictions. This represents a decrease in prosecutions from previous years. This may be attributable to the increase in competence reviews and the Council taking a rehabilitative approach towards nurses' practice (see Table 9 below).

The number of prosecutions has varied over the last four years:

2005-2006	12
2006-2007	11
2007-2008	16
2008-2009	8

The full decisions are located on the HPDT website at www.hpdt.org.nz. The decisions are summarised as follows:

- + Of the six charges of professional misconduct, four were established and two were not proven.
- + Both referrals for criminal convictions were found to reflect adversely on the nurse's fitness to practice.

Charges of professional misconduct

Four charges of professional misconduct were upheld.

1. **Administering medication without prescription**
A nurse was charged with administering Botox to clients without a prescription. The HPDT found some of the particulars of the charge established and ordered that she be censured and practise under the supervision of a registered nurse for a period of six months when she returned to practice.
2. **Misappropriating resident's money**
A nurse pleaded guilty to misappropriating \$70.00 from a resident for her own use. The nurse was suspended from practice for three months and censured.
3. **Ordering and intending to remove food and other items from workplace**
A nurse employed in a mental health unit pleaded guilty to ordering and intending to remove food and other items for his own use. The HPDT censured him and suspended him from practice for six months.
4. **Misappropriating medication**
A nurse was found guilty of failing to account for and/or misappropriating prescribed medication for her own use. The nurse's registration was suspended for 12 months and she was censured. The HPDT also recommended that if she applied for a practising certificate, the Council should require her to undergo a medical examination.

Two charges of professional misconduct were not proven. They were:

- + a nurse charged with physically abusing a colleague at work
- + a nurse charged with misappropriating medication from two rest homes where she was employed.

Charges where criminal convictions were found to reflect adversely on a nurse's fitness to practice

1. **Conviction for falsifying timesheets**
A nurse employed for a DHB was convicted in the District Court of 21 charges of dishonestly using a document by submitting false timesheets and claiming a salary for hours she had not worked. The amount claimed was \$15,529. Her registration was cancelled by the HPDT.
2. **Convictions for fraud and forgery**
A nurse with convictions in the Supreme Court of Tasmania for fraud, using a computer with intent to defraud, impersonation, forgery and attempted fraud was charged with having convictions that reflected adversely on her fitness to practise.

Information booklets about the complaints process and processes for considering nurses with convictions and nurses who have practised without a practising certificate are available on the Council's website at www.nursingcouncil.org.nz.



KEY RESULTS 2008-09

- + 105 nurses, 0.02% of practising nurses, had concerns about their competence notified in 2008-09

- + Although the incidence of competence notifications is very small, there was a significant increase in notifications in 2008-09. This is likely to be due to greater awareness of the competence process, particularly amongst employers.

COMPETENCE

Competence notifications

In line with the focus of the Health Practitioners Competence Assurance Act, the competence review process is a remedial process aimed at helping nurses achieve competent practice.

Competence concerns involve nurses who are practising below the required level of competence and may require assistance to improve their practice in the interests of public safety. Generally such concerns are dealt with by employers in the workplace and do not involve the Nursing Council. However, where a nurse is dismissed or resigns for reasons related to competence, it is mandatory for employers to notify the Council. The Health and Disability Commissioner and Professional Conduct Committees (PCCs) are also required to notify the Council if they have reason to believe a nurse may pose a risk of harm to the public by practising below the required standards of competence. Any health professional may also report a nurse if there are concerns about competence.

Competence concerns include some, or all, of the following characteristics.

Over time the nurse makes continuous errors or demonstrates poor practice showing:

- + lack of skill or knowledge
- + inadequate understanding of concepts and procedures

- + poor judgement based on problems with assessment, analysis or decision making
- + inability to work as part of a team
- + difficulty in communicating with colleagues, patients or clients
- + The nurse shows no insight into his/her lack of competence
- + The nurse accepts responsibility for activities knowing they are beyond his/her scope of practice.

Following training or supervised support the nurse is unable to sustain improvements in practice when these measures have been completed.

Numbers and sources of competence notifications

In 2008-2009 there was a significant increase in the number of new notifications with 105 notifications received. From April 2005 (when the first data following the introduction of the new Act was available) to April 2008 the number of notifications ranged between 36 and 50 per year. The increase in referrals is likely to be due to a greater awareness of the competence process, particularly amongst employers. The majority of referrals have been from employers and in most case the reporting of competence concerns occurred after the nurse had resigned or been dismissed. However, the number of referrals from the Health and Disability Commissioner and from professional conduct committees has also increased.

Table 10: Sources of notifications by number in 2008-2009

OUTCOMES	TOTAL
Employer	66
Health and Disability	23
Health practitioner	2
Other	3
PCC	11
Total notifications	105

The number of nurses being notified for competence concerns represents a very small proportion (0.2%) of the 48,683 nurses with practising certificates at 31 March 2009.

Competence reviews

Following notification of a competence concern, the focus of the Council's inquiry is on assessing whether the nurse is currently competent to practise. If the inquiry is unable to confirm the nurse's competence, the nurse is required to undergo a competence review if they wish to remain in practice. The Council appoints competence review panels, comprising two expert nurses and a layperson, to examine and assess a nurse's current competence to practise.

Following a competence review the Council may take no further action or make orders for the nurse to complete a competence programme, which may include education, professional supervision and a competence assessment. The Council may also suspend a nurse or place conditions on his or her practice if there is a risk of harm to the public while the nurse is completing remedial activities

The Council conducted competence reviews of 23 nurses in the 2008-2009 year. Interim suspension was ordered for four nurses. Interim conditions were ordered for four other nurses on the grounds that their practice posed a risk of serious harm to the public under section 39 of the HPCA Act. Other orders under section 38 of the HPCA Act following review include individualised competence programmes, competence assessments, professional oversight or supervision in practice, and conditions placed in nurses' scopes of practice.

Since 2005, 89 competence reviews have been completed. The following table summarises the outcomes for that period.

The number of nurses being notified for competence concerns represents a very small proportion (0.2%) of the 46,000 nurses with practising certificates at 31 March 2009.

Table 11: Orders following a competence review 2008-2009

OUTCOMES	TOTAL
Interim suspension or conditions	8
Required to undertake competence programme	17
Required to undertake professional oversight / supervision in practice	13
Required to undertake a competence assessment	17
Conditions placed in scope of practice	12
No further action	4
Outcomes still under consideration	3
Total	74*

*The total exceeds number of reviews, as some nurses had several requirements included in their orders.

Table 12: Outcomes for nurses following a competence review April 2005-April 2009

	NUMBER OF NURSES
Met orders	20
No further action	20
Referred to health process	1
Retired	4
Did not undertake orders (suspended)	10
Failed programme (suspended, retired or change of scope)	5
Presently under orders	29
Total	89

HEALTH

Health notifications

It is compulsory for nurses, and some other health practitioners to notify the Council if they believe that a nurse is unable to practise safely because of a mental or physical condition, including a condition or impairment caused by alcohol or drug abuse. Nurses must also declare any health conditions when applying for a practising certificate.

The majority of nurses with health conditions manage these themselves with the support of their health care provider or employer if necessary. It is only when the health condition impacts on a nurse's ability to practise safely that the Council should be notified.

The Council has appointed a Health Committee to consider nurses who have had health concerns notified to the Council. It has power delegated from Council to make the following decisions:

- + To take no further action on the notification
- + To allow the nurse to practise with conditions in her/his scope of practice
- + To suspend the nurse from practice
- + To defer the decision to a later date.

The Council received 60 notifications related to the health of nurses in the 2008-2009 year. It considered 48 new notifications. The figure considered differs from the number of notifications because not all nurses required referral to the Health Committee.

Some nurses met with the committee on more than one occasion and the Health Committee thus considered 82 reviews of nurses.

On four occasions all conditions

were taken off a nurse's practising certificate as she/he was considered safe to practise.

Fifteen nurses were suspended from practice during the year as a result of health issues.

Members of the Health Committee

Beverley Rayna (*Convenor*)

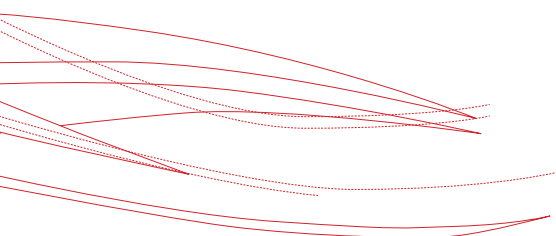
Noeline Warmington
(*from April 2008-September 2008*)

Julia Hennessy
(*from October 2008-March 2009*)

Margaret Millard*

Katherine Townshend*

*Alternative meetings



It is compulsory for nurses, and some other health practitioners to notify the Nursing Council if they believe that a nurse is unable to practise safely because of a mental or physical condition, including a condition or impairment caused by alcohol or drug abuse.







CORPORATE SERVICES

KEY RESULTS 2008-09

- + A renewed focus on effective engagement and communication with nurses, the public and other key stakeholders.
- + The Council's database was reviewed and reconstructed.
- + Website upgrade commenced.
- + Human resources policies were reviewed and updated.
- + Organisational policies were reviewed and updated.
- + A library catalogue was established.
- + Electronic files were consolidated

The Corporate section provides best practice business solutions to the Council in order to ensure human resources, information management systems, communications, and financial systems are maintained.

Human resources

The Council is committed to being a good employer, to providing a safe and healthy working environment and to supporting development opportunities for staff.

At the end of March 2009, the Council employed 36 staff. The Council supports a stable workforce with high job satisfaction.

During the year staff were surveyed to obtain their views about their working environment. A key finding was that the organisation's policies and procedures were not clear and this was immediately addressed.

Information systems

Effective information and communication systems are critical to the smooth operation of the Council. With over 123,000 nurses on the register of nurses (as registration is for life) and some 46,000 nurses currently practising, the Council's database is at the heart of its operation.

In the past year, considerable effort has gone into reviewing and reconstructing the database—effectively updating and upgrading the quality of information. This will enable Council to improve its reporting capabilities and help prepare for the move to online processing of annual practising certificate renewals and applications for New Zealand registration from internationally qualified nurses.

A robust system is also essential to support the reporting requirements under legislation. The Council is an important source of workforce statistical

information for the Ministry of Health, providing weekly, monthly and quarterly statistics with a range of demographic information. This data assists the Ministry's workforce planning (see box).

Communications and research

As a result of its medium term strategic planning the Council has a renewed focus on its communications. Effective engagement and communication with nurses, the public and other stakeholders was established as one of two key goals for the next two years.

Website upgrade

A project commenced to upgrade the website to ensure that it operates effectively as a proactive communications vehicle for the Council. Ensuring that the website is readily accessible to the wider public is a key objective.

Publications

The Council has an active publications programme designed to reach nurses, the wider health sector and the general public.

Our regular publications include the News Update. This six-page newsletter is the Council's primary means of communicating with nurses about the work it does. It was published in April and September 2008 and in February 2009.

Other publications in the past year include:

- + *Guideline: Direction and Delegation*, June 2008
- + *Guidelines for Cultural Safety, the Treaty of Waitangi and Maori Health in Nursing Education and Practice*, which was reprinted in July 2008
- + *The Health Process*, November 2008
- + *The Court Conviction Process*, November 2008
- + *The Complaints Investigation Process*, November 2008

- + *Nurses Practising Without Current Practising Certificates*, November 2008
- + *The Competence Review Process*, December 2008

Nursing Council Fora

Nursing Council Fora, which are held in various regions around the country, were an important means of communicating directly with nurses. They served well during the implementation and bedding down of the requirements of the Health Practitioners Competence Assurance Act. In 2008 more than 600 nurses attended fora held in Dunedin, Wellington, Auckland and Rotorua.

International relations

The Council works to maintain good relations with colleagues internationally. The Chairperson, Chief Executive and senior management attended a range of meetings to this end. Particular attention is given to maintaining effective ongoing relationships with Australian authorities to ensure harmonisation of standards and policies.

Submissions

The Council made a number of submissions on relevant government policy, health issues, development of the nursing profession and other public policy issues that affect the health and safety of the public. Submissions made during 2008-2009 included:

- + providing feedback on the Professional Boundaries Guidelines;
- + submissions to the Ministry of Health on the review of the Health Practitioners Competence Assurance Act.

The Council works to ensure that its policies are informed by relevant professional input and exchanges of information with key stakeholders.

Finance

The Council is responsible for the fees paid by nurses and must have robust financial management systems, policies and procedures.

The lines of accountability, reporting requirements and adherence to the budget are important aspects of assuring nurses that the Council maintains a sound financial position.

The Finance and Audit Committee

The Committee scrutinises the financial accounts, reviews and maintains financial systems and considers the Council's finance and management policies.

The Committee met 10 times in 2008-2009 and:

- + considered the budget
- + considered monthly financial reports and annual accounts
- + approved all cheque payments and investments.

Members of the Finance and Audit Committee

Margaret Millard (*Convenor*)

Margaret Southwick
(*from February 2009*)

Beverley Rayna
(*from April 2008-January 2009*)

Kathrine Townshend

UNDERSTANDING THE NURSING WORKFORCE

Nurses are making an important contribution to a national project through the information provided in their annual practising certificate applications (APC). Changes have been made to some questions in the application form to enable more relevant data to be collected in order to improve nursing workforce planning. The APC dataset was revised following meetings with the Ministry of Health and consultation with the sector. The changes enable better information to be gathered on the rural workforce, ethnicity, current areas of practice and other employment settings to give a more accurate reflection of the changing face of the workforce.

Already information from the Council provides important data on the number of graduate nurses and the areas where they first begin working.

The information also provides data about:

- + the areas nurses from overseas are first choosing to work in
- + attrition from the workforce
- + nurse practitioner, registered nurse, enrolled nurse, and nurse assistant numbers
- + areas of work.

The Health Workforce Information Programme was initiated by the Ministry of Health Clinical Training Agency which has a key role in leading and supporting workforce development across the health and disability sector. The programme is undertaking a series of forecasting and modelling exercises on the nursing workforce in New Zealand to provide a robust basis for workforce planning. The project will assist in understanding nursing workforce demand, supply and training requirements.

FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2009

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STATEMENT OF FINANCIAL PERFORMANCE

For the year ended 31 March 2009

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	NOTES	\$	2009 \$	2008 \$
Income				
Corporate Affairs Income	2	394,336		265,912
Education Income		281,360		231,493
Registration Income – Annual Practising Certificates		2,656,044		2,559,714
Registration Income – Other		1,326,952		1,099,472
Disciplinary Orders		15,522		73,042
Disciplinary Levies		1,207,344		1,111,245
Communications & Research Income		83,790		78,653
Total Income			5,965,349	5,419,532
Expenditure				
Corporate Affairs Expenses	3	1,711,815		1,498,452
Education Expenses		353,344		250,305
Registration Expenses – Annual Practising Certificates		215,169		165,721
Registration Expenses – Other	5	805,117		773,637
Disciplinary Expenses	4	770,887		678,293
Health Expenses		154,914		100,775
Council Expenses	6	302,906		240,163
Communication and Research Expenses		368,580		239,727
Professional Standards Expenses		384,529		336,992
Total Expenditure			5,067,261	4,284,065
Net Surplus/(Deficit) for the year			898,088	1,135,467

The Statement of Financial Performance above should be read in conjunction with the Notes to the Financial Statements.



STATEMENT OF MOVEMENTS IN EQUITY

For the year ended 31 March 2009

NOTES	\$	2009 \$	2008 \$
+++++			
Accumulated funds at the beginning of year		1,022,915	(112,552)
Net Surplus/(Deficit) for the year	898,088		1,135,467
Total Recognised Income & Expenses		898,088	1,135,467
Accumulated funds at the end of year		1,921,003	1,022,915

The Statement of Movement in Equity above should be read in conjunction with the Notes to the Financial Statements.

STATEMENT OF FINANCIAL POSITION

As at 31 March 2009

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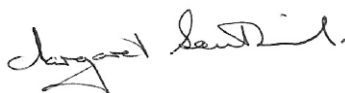
	NOTES	\$	2009 \$	2008 \$
Current Assets				
Cash on Hand	7	86,724		16,727
Prepayments		7,234		14,292
Accounts Receivable		189,944		149,965
Recoverable Legal Fees	8	17,368		80,138
Interest Receivable		115,553		83,823
Investments	9	4,278,822		3,055,797
Total Current Assets			4,695,644	3,400,742
Less Current Liabilities				
Accounts Payable	10	435,448		339,231
Accrued Holiday Pay		96,145		61,982
Office Rent – Free	11	972		12,635
Income in Advance	12	2,479,666		2,308,739
Total Current Liabilities			3,012,231	2,722,587
Working Capital			1,683,413	678,155
Non Current Assets				
Fixed Assets	13	195,655		295,806
Recoverable Legal Fees	8	38,621		51,577
Artwork		3,314		3,314
Total Non Current Assets			237,590	350,697
Non Current Liabilities				
Lease Liability	15	-		5,937
Net Assets			1,921,003	1,022,915
Accumulated Funds			1,921,003	1,022,915

The Statement of Financial Position above should be read in ç with the Notes to the Financial Statements.

Signed on behalf of Council:



Chief Executive Officer



Chairperson

Date 23 November 2009



1. Statement of Accounting Policies

Reporting Entity

Nursing Council of New Zealand (Nursing Council) is governed by the Health Practitioners Competence Assurance Act 2003.

The Nursing Council prepares financial statements in accordance with the Act's reporting requirements and New Zealand Generally Accepted Accounting Practice (NZ GAAP).

The Nursing Council is an entity qualifying for differential reporting as it is not publicly accountable as defined by the Framework for Differential Reporting and is not large. The Council has taken advantage of all the differential reporting exemptions.

Tax Status

The Nursing Council is registered as a charitable entity under the Charities Act 2005. The Nursing Council is exempt from income tax.

Measurement Base

The accounting principles recognised as appropriate for the measurement and reporting of results and the financial position on a historical cost basis have been adopted in so far as they apply to the Council.

Comparatives

Some prior year comparative figures have been reclassified to match current year disclosures.

Specific Accounting Policies

The following specific accounting policies which materially affect the measurement of financial performance and financial position have been applied:

(a) Recoverable Legal Fees

Legal fees to be recovered but not yet received are recognised as revenue in the Statement of Financial Performance.

(b) Provision for Recoverable Legal Fees

Provision has been made in the Statement of Financial Performance for those recoverable legal fees that are deemed doubtful. Doubtful debts have been provided for based on a three part calculation:

Part 1	Receivables recognised as current year are not provided for unless information is available to suggest specific provision is required.
Part 2	Receivables other than current year with a payment arrangement in place. If the payment arrangement will not clear the receivable balance within 5 years of balance date then the excess balance is specifically provided for.
Part 3	Receivables other than current year with no payment arrangement in place are 100% provided for.

The sum of the parts forms the provision for doubtful debts shown in the notes to the accounts.

(c) Fixed Assets

Fixed Assets are stated at historical cost less accumulated depreciation.

(d) Investments

Investments have been shown at the lower of cost and net realisable value.

(e) Goods and Services Tax

The financial statements are shown GST exclusive except for accounts payable and accounts receivable which are shown GST inclusive in the Statement of Financial Position.

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 31 March 2009

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(f) Provision for Holiday Pay

Provision has been made for the holiday pay liability on an actual entitlement basis at current rates of pay. Any movement in the level of this provision is reflected in the Statement of Financial Performance.

(g) Depreciation

Fixed Assets are depreciated on a straight-line basis. Rates of depreciation applied to the fixed assets in the financial statements are:

Office Equipment	10 years
Computer Equipment	3 years
Leashold Improvements	6 years

Assets purchased during the year are charged depreciation from the date of purchase.

Leasehold improvements have been depreciated over the remaining term of the lease.

(h) Leased Assets

Operating Leases

The Council is party to operating lease arrangements where the lessor effectively retains substantially all risks and benefits of ownership of the leased items. The operating lease costs incurred this financial year have been expensed in the Statement of Financial Performance and future commitments have been disclosed in Note 16 to these financial statements.

Finance Leases

Leases under which the Council effectively assumes substantially all the risks and benefits of ownership are classified as finance leases and are capitalised. The asset and corresponding liability are recorded at inception of the lease arrangement at the fair value of the leased asset.

Assets subject to finance leases are depreciated over the period of the lease.

Finance charges are apportioned over the term of the respective lease and have been expensed in the Statement of Financial Performance and future commitments have been disclosed in Note 15 to these financial statements.

(i) Financial Instruments

The Council is party to financial instruments arrangements as part of its everyday operations. These financial instruments include bank accounts, investments, accounts receivable and accounts payable.

Except for those items covered by a separate accounting policy, all financial instruments are shown at their estimated fair value.

Revenues and expenses in relation to all financial instruments are recognised in the Statement of Financial Performance.

All financial instruments are recognised in the Statement of Financial Position as they are entered into. The Council has not entered into any off-balance sheet obligations.

(j) Fees Received for Processing Overseas Applications

Fees received for processing overseas applications for registration in New Zealand are recognised as revenue as received.

(k) Office Rent-Free

The seven month rent free period for Mid City Tower is being amortised over the six year period of the lease.

(l) Revenue

Fees received in advance for annual practising certificates, disciplinary levies, and funding for administration of the HPI contract are accounted for in the Statement of Financial Position when receivable and recognised in the Statement of Financial Performance in the year to which they relate.



(m) International Financial Reporting Standard (NZ IFRS)

Transition to NZ IFRS

In December 2002 the New Zealand Accounting Standard Review Board announced that New Zealand International Financial Reporting Standards ("NZ IFRS") will apply to all New Zealand reporting entities for the periods commencing on or after 1 January 2007.

The Financial Reporting Standards Board determined that for certain entities who meet the criteria there would be a delay in the mandatory adoption of NZ IFRS until further notice. The Nursing Council meets these criteria and intends to defer implementation of NZ IFRS.

(n) Changes in Accounting Policies

There have been no changes in the accounting policies. All policies have been applied on a consistent basis with those of the previous period.

2. Corporate Affairs Income

	2009 \$	2008 \$
Interest Received	285,323	182,432
Sundry Income	109,013	83,480
	394,336	265,912

3. Corporate Affairs Expenses

	2009 \$	2008 \$
Audit Fees	22,305	20,290
Depreciation	144,525	163,729
Loss on Sale of Fixed Assets	998	26,053
Human Resources	66,907	41,933
Financial Services	102,487	140,744
Rent	219,779	168,913
Salaries	611,096	398,471
Other Corporate Affairs Expenses	543,718	538,319
	1,711,815	1,498,452

4. Disciplinary Expenses

	2009 \$	2008 \$
Doubtful Debts	44,544	(29,978)
Investigation Expenses	447,503	378,794
Other Disciplinary Expenses	278,840	329,477
	770,887	678,293

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 31 March 2009

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5. Registration Expenses – Other

	2009 \$	2008 \$
Salaries	662,068	585,249
Other Registration Expense	143,049	188,388
	805,117	773,637

6. Council Expenses

These expenses relate to the all activities of Council Members.

	2009 \$	2008 \$
Council Meeting Fees	125,090	95,357
Council Travel	119,526	100,236
Council Expenses	58,290	40,390
Council Development	-	4,180
	302,906	240,163

Council Fees

The total fees paid to Council members were:

	2009 \$	2008 \$
B Rayna	44,230	37,300
C Payne (from 24 September 2006)	9,100	1,920
C Payne (paid to Bay of Plenty Health Board)	1,220	7,160
D Rowe (from 25 September 2008)	6,000	-
F Hughes (paid to Profoc's Limited) (from 24 September 2006)	-	7,380
J Hennesay (from 27 August 2008)	1,940	-
K Townshend	11,920	9,600
M Millard	15,780	10,200
M Southwick	12,740	800
M Southwick (paid to Whiteria Polytechnic)	4,140	6,420
N Warmington (to 24 September 2008)	9,180	12,960
R McKerras	8,840	7,760
	125,090	101,500

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 31 March 2009

7. Cash on Hand

	2009 \$	2008 \$
Cash on Hand	250	250
BNZ Cheque Account	86,474	16,477
	86,724	16,727

8. Recoverable Legal Fees

	2009 \$	2008 \$
Current Portion		
Recoverable Legal Fees	17,368	80,138
	17,368	80,138
Non Current Portion		
Recoverable Legal Fees	200,816	169,228
Less Provision for Doubtful Debts	(162,195)	(117,651)
	38,621	51,577
Total Recoverable Legal Fees	218,183	249,366
Less Provision for Doubtful Debts	(162,195)	(117,651)
	55,988	131,715

9. Investments

	2009 \$	2008 \$
Term Deposits	4,108,099	2,400,000
BNZ – Call Deposit A/c	170,723	655,797
	4,278,822	3,055,797

Term Deposits have maturity dates between 3-12 months. The average interest rate is 7.71% pa (2008: 8.59%).

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 31 March 2009

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10. Accounts Payable

	2009 \$	2008 \$
Accounts Payable – Trade	272,706	165,226
GST Payable	5,562	34,541
Accounts Payable – Sundry	151,242	131,547
Current Portion – Finance Lease Liability	5,938	7,917
	435,448	339,231

11. Operating Lease Commitments

	2009 \$	2008 \$
Rental of premises and rental of carpark		
Not later than one year	14,719	176,628
Later than one year but not later than two years	—	14,719
Later than two years but not later than five years	—	—
	14,719	191,347

Mid City Tower

The lease at Mid City Tower, 130-143 Willis Street, Wellington is over six years from 1 May 2003.

The rent free period has been amortised over the six year term of the lease. The balance at 31 March 2009 is \$972 (2008:\$12,635).

Subsequent to the year end the lease has been renewed for a period of six years from 1 May 2009 at an annual rental of \$193,180 (plus GST).

12. Income in Advance

	2009 \$	2008 \$
Annual Practising Certificates in Advance	1,611,862	1,505,714
Disciplinary Levies in Advance	732,665	683,039
Other Income in Advance	135,139	119,986
	2,479,666	2,308,739



NOTES TO THE FINANCIAL STATEMENTS

For the year ended 31 March 2009

13. Fixed Assets

	2009 \$	2008 \$
+++++		
Leasehold Improvements		
At Cost	329,958	326,390
Less Accumulated Depreciation	315,197	257,577
	14,761	68,813
Office Equipment		
At Cost	503,117	502,857
Less Accumulated Depreciation	394,365	365,495
	108,752	137,362
Computer Equipment		
At Cost	475,524	552,945
Less Accumulated Depreciation	403,382	463,314
	72,142	89,631
Total Fixed Assets	195,655	295,806

14. Depreciation

	2009 \$	2008 \$
+++++		
Leasehold Improvements	57,620	54,771
Office Equipment	39,908	66,313
Computer Equipment	46,997	42,645
	144,525	163,729

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 31 March 2009

15. Finance Lease Liability

Finance lease liability consists of equipment (\$31,668) that has been capitalised as fixed assets.

The net carrying value of leased assets is \$5,937.

No finance charges have been expensed in the period to the Statement of Financial Performance (2008: \$0).

	2009 \$	2008 \$
Not later than one year (in Accounts Payable)	5,937	7,917
Later than one year but not later than two years	-	5,937
Less: Current Portion – Finance Lease Liability (refer to note 10)	(5,937)	(7,917)
	-	5,937

16. Capital Commitments

The Council has no commitments for capital expenditure as at 31 March 2009 (2008:\$0).

On 2 April 2009, the Nursing Council entered into a contract to provide a replacement computer system to manage the register of nurses in New Zealand. The budgeted cost of this project is \$400,000.

17. Contingent Liabilities

The Council has contingent liabilities of \$110,000 to BNZ for payroll as at 31 March 2009 (2008 \$90,000).

During the year under review, notice of a legal claim against the Council by a registrant who has had conditions imposed in their scope of practice, was received. It is impractical to estimate the full financial effect of the claim. Any award made or costs incurred, may or may not come within the provisions of the Council's insurance policy. Further disclosure has not been made as it is considered this may be detrimental to the outcome, due to the sensitive nature of the case.

18. Related Party Transactions

No related party transactions took place during the financial year ended 31 March 2009, (2008: NIL).

No related party debtors for 2009 (2008 \$NIL).

19. Re-Classification of the expenses

There have been some reclassification in the expenditure items and the comparatives for them are reclassified accordingly.

AUDIT REPORT

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TO THE READERS OF NURSING COUNCIL OF NEW ZEALAND'S FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2009

The Auditor-General is the auditor of the Nursing Council of New Zealand (the 'Nursing Council'). The Auditor-General has appointed me, Robert Elms, using the staff and resources of PKF Martin Jarvie, to carry out the audit of the financial statements of the Council, for the year ended 31 March 2009.

Unqualified Opinion

In our opinion, the financial statements of the Nursing Council on pages 42 to 52:

- comply with generally accepted accounting practice in New Zealand; and
- fairly reflect:
 - the Nursing Council's financial position as at 31 March 2009; and
 - the results of its operations for the year ended on that date.

The audit was completed on 4 September 2009, and this is the date at which our opinion is expressed.

The basis of our opinion is explained below. In addition, we outline the responsibilities of the Members of the Council and the Auditor, and explain our independence.

Basis of Opinion

We carried out the audit in accordance with the Auditor-General's Auditing Standards, which incorporate the New Zealand Auditing Standards.

We planned and performed the audit to obtain all the information and explanations we considered necessary in order to obtain reasonable assurance that the financial statements did not have material misstatements, whether caused by fraud or error.

Material misstatements are differences or omissions of amounts and disclosures that would affect a reader's overall understanding of the financial statements. If we had found material misstatements that were not corrected, we would have referred to them in our opinion.

The audit involved performing procedures to test the information presented in the financial statements. We assessed the results of those procedures in forming our opinion.

Audit procedures generally include:

- determining whether significant financial and management controls are working and can be relied on to produce complete and accurate data;
- verifying samples of transactions and account balances;
- performing analyses to identify anomalies in the reported data;
- reviewing significant estimates and judgements made by the Council;
- confirming year-end balances;
- determining whether accounting policies are appropriate and consistently applied; and
- determining whether all financial statement disclosures are adequate.

We did not examine every transaction, nor do we guarantee complete accuracy of the financial statements.

We evaluated the overall adequacy of the presentation of information in the financial statements. We obtained all the information and explanations we required to support our opinion above.

Responsibilities of the Members of the Council and the Auditor

The Members of the Council are responsible for preparing the financial statements in accordance with generally accepted accounting practice in New Zealand. The financial statements must fairly reflect the financial position of the Nursing Council as at 31 March 2009 and the results of its operations for the year ended on that date. The Members of the Council's responsibilities arise from the Health Practitioners Competence Assurance Act 2003.

We are responsible for expressing an independent opinion on the financial statements and reporting that opinion to you. This responsibility arises from section 15 of the Public Audit Act 2001 and section 134(1) of the Health Practitioners Competence Assurance Act 2003.

Independence

When carrying out the audit we followed the independence requirements of the Auditor-General, which incorporate the independence requirements of the Institute of Chartered Accountants of New Zealand.

Other than the audit, we have no relationship with or interests in the Nursing Council.



Robert Elms
PKF Martin Jarvie
On behalf of the Auditor-General
Wellington, New Zealand

Matters Relating to the Electronic Presentation of the Audited Financial Statements

This audit report relates to the financial statements of the Nursing Council of New Zealand for the year ended 31 March 2009 included on the Nursing Council's website. The Nursing Council is responsible for the maintenance and integrity of the Nursing Council's website. We have not been engaged to report on the integrity of the Nursing Council's website. We accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website.

The audit report refers only to the financial statements named above. It does not provide an opinion on any other information which may have been hyperlinked to or from the financial statements. If readers of this report are concerned with the inherent risks arising from electronic data communication they should refer to the published hard copy of the audited financial statements as well as the related audit report dated 4 September to confirm the information included in the audited financial statements presented on this website.

Legislation in New Zealand governing the preparation and dissemination of financial information may differ from legislation in other jurisdictions.



Te Kaunihera Tapuhi o Aotearoa
Nursing Council of New Zealand

