



REPORT OF THE
NURSING COUNCIL
of **NEW ZEALAND**

FOR THE YEAR ENDED 31 MARCH 2004



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of **NEW ZEALAND**
2003 - 2004

Presented to the House of Representatives
pursuant to Section 15 of the Nurses Act 1977

Forward



I am pleased to present the Nursing Council of New Zealand's annual report for the year ended 31 March 2004. The 2003/2004 year is the last full financial year for which the Nursing Council's jurisdiction to regulate the nursing and midwifery professions comes from the Nurses Act 1977.

With the passing of the long awaited Health Practitioners Competence Assurance Act 2003 in September, the Council's main focus in the second half of the 2003/2004 year has been preparing to implement the Act when it comes into force on 18 September 2004. Major changes will result from the change in Act. In particular, the Council will be responsible for ensuring the ongoing competence of nurses. The Council has been preparing for this role since the late 1990s when it first developed guidelines for competence-based practising certificates in anticipation of legislation giving it jurisdiction to ensure ongoing competence.

As at 31 March 2004, the Council had made considerable progress on developing policy and approving processes under the new legislation. Draft scopes of nursing practice had been developed and a consultation document widely circulated for feedback from the profession. In consultation with the profession, the guidelines for competence-based practising certificates were updated to meet the new requirements. By 31 March 2004, the Council had developed standards for professional development and recognition programmes and a process for undertaking competence reviews under the Act.

The new Act recognises the separate professions of nursing and midwifery with the establishment of a separate Midwifery Council to regulate midwives. The Council worked all year towards this goal by separating systems for midwifery from nursing. In February, midwifery member Hope Tupara resigned to take up her role on the newly appointed Midwifery Council. In the last quarter of the year, the Chief Executive and I met to liaise with the new Midwifery Council and Registration

Boards Secretariat for preliminary discussions on managing the transition of midwifery regulation to the Midwifery Council.

The Council has worked hard to make sure the profession is aware of upcoming changes under the new Act. The new Act was a major topic for discussion at the Council's annual Nursing Council Forum in October, which more than 250 nurses attended.

This year the Council has also continued to implement recommendations from the Strategic Review of Undergraduate Nursing Education. The Council began work on two major strategic projects – a revision of the curriculum framework and standards for undergraduate nursing education, and the development of an integrated competency framework from enrolled nursing to advanced practice. Both projects have taken into consideration the requirements of the new legislation.

Interest in nurse practitioner endorsement has remained steady this year, with nine new applications received. The Council granted nurse practitioner endorsement to four registered nurses this year bringing to 10 the number of nurse practitioners in New Zealand. Significantly, in July, Janet Maloney-Moni became the first Maori nurse practitioner (Primary Health Care: Maori Nurse Practitioner) and Paula Renouf, the second nurse practitioner, endorsed in 2002, was approved as New Zealand's first nurse prescriber.

In June I was honoured to address the International Council of Nurses biennial conference in Geneva on Leadership through Preparation for Advanced Practice. The Council's nurse practitioner framework continues to attract international interest, and was among topics for discussion when the Chairperson and Chief Executive of the Nursing and Midwifery Council of the United Kingdom visited the Council's offices in October.

In October, Council members and senior staff attended the biennial International Conference of Nursing and Midwifery Regulatory Authorities in Melbourne, where the Chief Executive presented a paper on The Trans-Tasman Experience of Mutual Recognition.

The Council was saddened by the death of Irihapeti Ramsden in April after a long illness. Irihapeti had a profound influence on the development of nursing in Aotearoa, in particular with her work on cultural safety. Her wisdom will be sadly missed.

Finally, I would like to acknowledge the dedication and hard work of Council members, the Chief Executive, and Council staff in this period of exciting change.

A handwritten signature in cursive script that reads "Annette Huntington".

Annette Huntington
Chairperson

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Chief Executive's Report

The 2003/2004 year has been exceptionally busy for the Council and staff, highlights being the passing of the Health Practitioners Competence Assurance Act 2003 and the Council office's move to new premises.

In August we relocated from Symes de Silva House in Courtenay Place to larger premises in the Mid City tower in Willis Street, central Wellington, the same building in which the Medical Council of New Zealand and the Medical Practitioners Disciplinary Tribunal have their offices. We settled in well to our new premises. They are sunny and spacious and will provide room for future expansion as the Council office grows over the next few years to meet the additional responsibilities of the new legislation. Wendy Bunny joined the Council staff in May 2003 as office manager and she was invaluable in making sure the office relocation proceeded smoothly.

We welcomed the passing of the Health Practitioners Competence Assurance Act 2003 in September, and began work towards making sure the Council's processes conform to the new Act by the time it comes into effect on 18 September 2004. We prepared a detailed work plan and senior staff have been heavily involved in reviewing current processes, developing policy, and consulting with the sector on changes required under the new legislation.

Meanwhile, the Council's operational workload has continued unabated. With a number of permanent staff focused on preparing for implementation of the new Act, we employed temporary staff where necessary to ensure that the Council's operations were not interrupted.

The total number of registrations and enrolments from both New Zealand and overseas was up 408 this year compared to the 2002/2003 year, from 2,735 to 3,143. The trend in recent years for an increasing number of overseas qualified nurses and midwives to seek registration in New Zealand has continued, with the Council registering 1,720 overseas nurses and midwives this year, up 205 on the previous year. Most of these nurses and midwives are from the United Kingdom, Asia, Australia and South Africa.

In December the first phase of the nursing registration database upgrade was completed and on 31 March 2004 a copy of the public register was made available to the public on the Nursing Council's website. The service enables nurses and midwives to check on-line whether they hold a current annual practising certificate, and may be accessed by employers and consumers.

In March the Chairperson and I attended a meeting of all Chairs and Chief Executives/Registrars of health regulatory authorities to plan for implementation of the Health Practitioners Competence Assurance Act 2003. A co-ordinating body was established to share information on matters of common interest under the new legislation. We will be developing a joint approach to the relationship and funding of the new Health Practitioners Disciplinary Tribunal. During the year, the senior staff and I gave a number of presentations to different groups in the sector on the impact of the new legislation on nurses and midwives.

In June 2003 I presented papers at the International Council of Nurses biennial conference in Geneva on *Leadership through Strategic Alliances, Mutual Recognition, and The Regulation of Advanced Nurse Practitioners*. I visited London on my way back to New Zealand for discussions with the new Chief Executive of the National Nursing and Midwifery Council of the United Kingdom and to visit a pilot site for a United Kingdom workforce programme studying different innovative ways of using health professionals.

Finally, I want to thank Council staff for their professionalism, stamina and dedication in the last year, which was a particularly busy one for the Council.



Marion Clark
Chief Executive Officer

Governance

The Nurses Act 1977 provides for 11 members of the Nursing Council of New Zealand: three registered nurses; two registered midwives; two academic staff members of approved nursing and midwifery tertiary training institutions; and four other persons, one of whom may be a registered nurse, and one of whom may be a registered midwife.

Brenda Hall, Sandy Grey, Jean Patterson, Meretene Hammond, Margaret Southwick, Noeline Warmington and Margaret Millard continued in their terms of office in the 2003/2004 year. On 24 September 2003, the Minister of

Health announced the reappointment of Annette Huntington, Beverley Rayna and Marie Kiely for further three year terms of office expiring on 24 September 2006. The reappointments have given the Council's membership stability and continuity in the lead up to implementation of the Health Practitioners Competence Assurance Act 2003. Hope Tupara also continued in her term of office for most of the 2003/2004 year. In December she was appointed as a member of the newly established Midwifery Council and in February she resigned from the Nursing Council to take up her new role.

Council Members

Annette Huntington Chairperson

Annette Huntington was appointed to the Council on 19 October 2000 as an academic staff member under section 4(1)(c) of the Nurses Act 1977 for a term of office expiring on 19 October 2003. On 24 September 2003 Annette was reappointed for a further term of three years. Annette is registered as a general and obstetric nurse and has worked in a variety of clinical areas including operating theatre, post-natal care and in the community. She is currently Associate Professor at Massey University in Wellington and has been involved in nursing education for fourteen years.

Beverley Rayna Deputy Chairperson

Beverley Rayna was appointed to the Council on 19 October 2000 as a registered nurse under section 4(1)(d)(i) for a term of office expiring on 19 October 2003. On 24 September 2003 she was reappointed for a further term of three years. Beverley is registered as a general and obstetric nurse and a midwife. Beverley has had 28 years experience in nursing education both as a teacher and manager, and her clinical practice experience has been mainly in medical/surgical nursing. She works as a staff nurse at Christchurch Women's Hospital.

Brenda Hall

Brenda Hall was first appointed to the Council as a registered nurse under section 4(1)(a) in April 1999. On 1 April 2002 she was reappointed for a further term of three years. Brenda is a comprehensive nurse and is currently self-employed as an independent contractor. She has a background in district nursing, nursing quality assurance and oncology.

Sandy Grey

Sandy Grey was first appointed to the Council as a registered midwife under section 4(1)(d)(ii) in October 2000. She was reappointed on 1 April 2002 for a further term of two years. Sandy is registered as a midwife and a general and obstetric nurse. She trained in midwifery in Christchurch and is currently an independent midwife in a busy West Auckland practice.

Jean Patterson

Jean Patterson was first appointed to the Council as a registered midwife under section 4(1)(b) in October 2000. She was reappointed on 1 April 2002 for a further term of two years. Jean is registered as a midwife and a general and obstetric nurse and has worked in both midwifery and nursing in rural areas of New Zealand. She is currently teaching in the Otago Polytechnic School of Midwifery.

Marie Kiely

Marie Kiely was first appointed to the Council as a lay member under section 4(1)(d) on 19 October 2000 for a term of office expiring on 19 October 2003. Marie was reappointed on 24 September 2003 for a further term of three years. Marie is a management consultant who lives in Wellington. She has a background in social work, education and senior management roles.

Meretene Hammond

Meretene Hammond (Ngati Kahungunu) was appointed to the Council as a registered nurse under section 4(1)(a) of the Act on 1 April 2002 for a term of office expiring on 1 April 2005. Meretene is registered as a psychiatric nurse and has worked in the mental health sector for more than 40 years. She is currently kaumatua/kuia for the Rangitahi Adolescent Unit at Porirua Hospital.

Margaret Southwick

Margaret Southwick (Tuvalu/Pakeha descent) was appointed to the Council as an academic staff member under section 4(1)(c) of the Act on 1 April 2002 for a term of office expiring on 1 April. Margaret, who is a registered general and obstetric nurse, is currently Dean of Faculty, Health, Education and Social Science at Whitireia Community Polytechnic.

Hope Tupara

Hope Tupara (Ngai Taamanuhi and Ngai Te Rangihouhiri) was appointed to the Council as a registered midwife under section 4(1)(b) of the Act on 1 April 2002 for a term of office expiring on 1 April 2004. Hope is an independent midwife who practises in the Horowhenua region. She is registered as a comprehensive nurse and a midwife and is currently a part-time lecturer in midwifery at Massey University in Palmerston North. Hope resigned from the Nursing Council in February, 2004 to take up her role as a member of the newly established Midwifery Council.

Noeline Warmington

Noeline Warmington (Ngapuhi – Ngati Kahu and Te Rarawa) was appointed to the Council as a registered nurse under section 4(1)(b) of the Act on 1 April 2002 for a term of office expiring on 1 April 2005. She is a comprehensive nurse who is currently employed as an educator with the Royal New Zealand Plunket Society and she has a particular interest in health promotion and nursing development.

Margaret Millard

Margaret Millard was appointed to the Council as a lay member under section 4(1)(d) of the Act on 14 November 2002 for a term of office expiring on 13 November 2005. Margaret is from Palmerston North and has worked for many years in the voluntary sector, including significant involvement in the Rural Women's Network. She is chair of the Finance and Audit Committee of the Open Polytechnic of New Zealand.

Committees of the Nursing Council

Seven committees assist the Nursing Council to fulfil its obligations under the Nurses Act 1977. Section 12 of the Act establishes the Preliminary Proceedings Committee. The Act also authorises the Council to appoint other committees and to delegate any of its functions, duties, or powers (other than its powers of decision concerning discipline) to those committees.

Preliminary Proceedings Committee

The Preliminary Proceedings Committee investigates complaints about nurses and midwives made pursuant to section 40 of the Act. Where there is a case to answer, the Committee refers charges of professional misconduct to the Nursing Council for further inquiry.

Brenda Hall (Convener)
Sandy Grey
Meretene Hammond

Health and Disability Committee

The Health and Disability Committee considers cases of disability or suspected disability notified to the Council pursuant to section 34 of the Act. Where appropriate the Committee recommends that the nurse or midwife be suspended, or be suspended with conditions on his or her practice.

Beverley Rayna (Convener)
Marie Kiely
Hope Tupara (until January 2004)
Noeline Warmington (from January 2004)

Education and Audit Committee

The Education and Audit Committee considers education issues and advises the Council on matters relating to education policy. The Committee is responsible for overseeing the Council's process for monitoring nursing and midwifery programmes, and the schools to be audited each year.

Annette Huntington (Convener)
Jean Patterson
Margaret Southwick

Finance Committee

The Finance Committee scrutinises the financial accounts, oversees and reviews financial systems, budgets and reporting and reviews the Council's finance and management policies.

Marie Kiely (Convener)
Noeline Warmington (until January 2004)
Margaret Millard (from January 2004)
Annette Huntington (ex officio)

Registration Committee

The Registration Committee has delegated authority for individual registration decisions, for example considering whether applicants for the State Examination with court convictions are fit and proper to sit the examination and be registered.

Annette Huntington (Convener)
Sandy Grey
Margaret Southwick

Monitoring Committee

The Monitoring Committee has delegated authority to monitor conditions placed on the practice of a nurse or midwife following a finding of professional misconduct.

Beverley Rayna (Convener)
Marie Kiely
Noeline Warmington

Nurse Practitioners Review Committee

The Nurse Practitioners Review Committee is an independent panel set up in the 2002/2003 year by the Nursing Council with delegated authority to consider requests for review from unsuccessful applicants for nurse practitioner endorsement. It comprises one Council member, one Council nominee, and one nominee from the Nurse Practitioner Advisory Committee of New Zealand (NPAC-NZ).

Brenda Hall (Convener and Council member)
Judy Kilpatrick (Council nominee)
Diana Gunn (NPAC-NZ nominee)

Council meetings

The Council met nine times during the year for general business.

Secretariat

The Council's Chief Executive, Marion Clark, and 20 staff members support the Council. As at 31 March 2004, the Secretariat comprised:

Corporate

Marion Clark
Linley Rose
Wendy Bunny
Belinda Greer
Lynne McKenzie
Annemarie Wood

Chief Executive Officer/Registrar
 Personal Assistant (temporary)
 Office Manager
 Legal Advisor (0.4)
 Accounts Administrator
 Receptionist

Midwifery

Irene Calvert

Midwifery Advisor (contracted)

Legal

Clare Prendergast
Sarah Kennedy
Tania Mattock

Investigator
 Professional Advisor/Investigator
 Legal Secretary (temporary)

Education

Angela Bradley
Kate Glanville

Education Advisor
 Education Co-ordinator

Registration

Pamela Lee
Delora Milnes
Heather Rutherford
Krystyna Wos
Fergie Hopmans
Suzette Taingahue
Jenny MacDonald

Registration Advisor/Deputy Registrar
 Overseas Registration Co-ordinator
 Overseas Registration Administrator
 Overseas Registration Administrator
 New Zealand Registration Administrator
 New Zealand Registration Administrator
 Personal Assistant (temporary)

Standards

Pam Doole
Chloe Parton

Professional Advisor (0.6)
 Administrative Support (temporary)

Strategic Projects

The Nursing Council of New Zealand exists in the public interest and is accountable to the public for establishing and maintaining standards that promote safe and competent practice by nurses and midwives. The Council has both a statutory role under the Nurses Act 1977 and a leadership role for the nursing and midwifery professions.

In its Strategic Plan published at the beginning of the year, the Nursing Council identified four main strategic issues as priorities for the three year period 1 April 2003 to 31 March 2006. The four strategic issues are:

- maintaining leadership in nursing and midwifery
- implementing the Health Practitioners Competence Assurance legislation in a timely and competent manner
- managing the regulation of nursing and midwifery workforces in an increasingly diverse environment
- ensuring the visibility of the Nursing Council's commitment to the Treaty of Waitangi.

Summary of Key Activities

This year the Nursing Council:

- began reviewing processes, developing policy, and consulting the profession to prepare for implementation of the Health Practitioners Competence Assurance Act 2003 on 18 September 2004
- made submissions on public policy
- maintained relationships and communication with key policy developers and stakeholders
- fostered international relations
- worked towards demonstrating its commitment to the Treaty of Waitangi.

1. Health Practitioners Competence Assurance Act 2003

In the first part of this year, the Council worked with the Ministry and Government on the development of the Health Practitioners Competence Assurance Act, including providing submissions and responses to the Health Select Committee as they considered the draft legislation.

In September 2003, Parliament passed the Health Practitioners Competence Assurance Act

2003. The Act comes into effect on 18 September 2004 and replaces the Nurses Act 1977. The new Act heralds major changes for nurses and midwives and for the Council's regulatory responsibilities. Among these changes are the establishment of a separate Midwifery Council to regulate midwives, restrictions on the issue of annual practising certificates, replacement of the current registration classes with scopes of practice, and the introduction of competence provisions.

The major focus for the Council, the Chief Executive and staff in the year to 31 March 2004 has therefore been to prepare to implement the new Act. In November the Council approved a detailed work plan to ensure that all processes would be reviewed, policy developed and consultation carried out so that the Council's processes align with the new legislation by the time it comes into force.

In preparation for implementation of the Health Practitioners Competence Assurance Act 2003, as at 31 March 2004 the Council had progressed work on:

- developing draft scopes of practice
- moving towards the separation of nursing and midwifery regulation
- preparing for the introduction of competence based practising certificates
- developing the process for competence reviews under the new Act
- collaborating with other health regulatory bodies on issues of mutual concern.

Scopes of practice

The Health Practitioners Competence Assurance Act 2003 requires the Nursing Council to describe the contents of the nursing profession in terms of one or more scopes of practice. When the Act comes into effect on 18 September 2004, the scopes of practice will replace the seven-part register and the roll under the Nurses Act 1977. Under the new Act, the Nursing Council must also prescribe the qualification or qualifications required for every scope of practice, and it may further define scopes of practice by imposing conditions on practice.

During the year the Council developed draft scopes of nursing practice for consultation with the profession. Before doing so, it completed a thorough review of international and national definitions of nursing and held preliminary discussions with the National Nursing Organisations. In December these discussions

were followed by the facilitation of a workshop to enable further discussion of potential scopes of practice with the National Nursing Organisations.

The consultation document *Scopes of Practice for Nursing – Consultation Document – March 2004* was widely circulated in March. The consultation period until 30 April 2004 gives nurses and other stakeholders the opportunity to provide feedback on the Council's proposed three scopes of practice for nursing: Nurse Practitioner, Nurse, and "Second Level" Nurse. In particular, the consultation document sought feedback on the proposed description and qualifications for each scope, the examples of conditions for nurses who are qualified to work in a specific area of practice (eg mental health nursing), and the preferred title for the "second level" nurse.

Separation of nursing and midwifery

The Health Practitioners Competence Assurance Act 2003 creates a separate Midwifery Council to regulate the midwifery profession. The new Midwifery Council was appointed in December and will take over the role of regulating midwives when the Act comes into force on 18 September 2004.

In October 2003 the Council decided to issue separate annual practising certificates to midwives for the year 1 April 2004 to 31 March 2005. The Council set the midwifery APC fee at \$100 to support the establishment of the new Midwifery Council and to recognise the additional requirements of the new legislation on the Midwifery Council, particularly in the area of ensuring ongoing competence.

In recognition of the Nursing Council's additional regulatory responsibilities, the Council also increased the APC fee for nurses from \$45 to \$50 for the 2004/2005 year. The Council communicated the changes to the sector in December via the *New Zealand Gazette* and its newsletter to stakeholders. From 1 April 2004, those who hold dual registration as a nurse and a midwife and consider that they are practising both professions require two practising certificates, one for nursing and one for midwifery.

In March 2004 the Chairperson and Chief Executive of the Nursing Council met with the Chairperson of the Midwifery Council and the Director of the Registration Boards Secretariat for preliminary discussions on managing the transition of midwifery regulation to the Midwifery Council, including financial support from the Nursing Council and the provision of information and resources.

The Nursing Council has provided copies of all policies and processes to the Midwifery Council and as at 31 March 2004 analysis was underway to determine the level of financial support to be provided.

Continuing competence

The Health Practitioners Competence Assurance Act 2003 introduces competence provisions to the Council's role for the first time and requires the Council to ensure that nurses are competent when issuing practising certificates. Under the Act, the Council will be restricted from issuing a nurse with an annual practising certificate if the Council has reasonable grounds to believe that the nurse:

- has failed to maintain the required standard of competence
- has failed to fulfil or comply with a condition on the nurse's scope of practice
- has not satisfactorily completed the requirements of any competence programme
- has not held a practising certificate for three years
- is unable to perform the functions required for nursing because of some mental or physical condition
- has not, within the three years immediately preceding the date of application, lawfully practised nursing.

The Nursing Council, in 1999 finalised *Guidelines for Competence Based Practising Certificates for Registered Nurses*. The guidelines were developed following a review of the continuing competence processes of other nursing authorities, the formation of a working party, and extensive consultation.

In preparation for the introduction of continuing competence requirements under the new Act, the Council is reviewing and updating the guidelines to ensure that they are consistent with the provisions of the new Act and international nursing requirements, and to incorporate feedback from the profession. The consultation document *Review of the Guidelines for Competence Based Certificates for Nurses – Consultation Document – March 2004* was widely circulated in March for public comment on proposed definitions of competence and continuing competence, proposed assessment methods/tools for competence-based practising certificates, who requires a practising certificate, how competencies should be assessed, how the Council should require satisfactory evidence of nursing practice in the last three years, and requirements for professional development.

Professional recognition programmes

In October 2003 the Council developed a framework for the approval of professional development and recognition programmes. The standards were widely circulated and placed on the Council's website. Nurses who meet the programme requirements will be considered to have met the requirements for competence.

The Council invited nominations from the sector for nurses to assess proposed professional recognition programmes against the framework on behalf of the Council. In late March 2004, MidCentral Health's professional recognition programme was the first being evaluated against the framework.

During the year the National Nursing Organisations set up the National Professional Development and Recognition Programmes Working Party. The Professional Advisor represented the Council on the working party to ensure consistency.

Nursing Council competence reviews

The Health Practitioners Competence Assurance Act 2003 authorises the Nursing Council to carry out a competence review of a nurse at any time. The Act also provides for mechanisms by which the Council will be notified that a nurse may pose a risk of harm to the public by practising below the required standard of competence. When the Council is notified under the competence provisions of the Act, it must make inquiries into the notification and may decide to review the nurse's competence.

During the year the Council developed a process for undertaking competence reviews. The Council decided that competence reviews would be undertaken by a three person Competence Review Panel, consisting of two nurse assessors and one lay assessor.

Collaboration with other regulatory bodies

The Chief Executive has met the Registrars of other health regulatory bodies on an informal basis to discuss the development of the new legislation and to share progress and developments. In March, the Chairperson and Chief Executive joined all Chairs and Chief Executives/Registrars of health regulatory authorities to plan for implementation of the Act. The health regulatory authorities agreed to establish a co-ordinating body, to share information on scopes of practice, restricted activities, competence and other issues of common interest, and to develop a joint approach to the relationship and funding of the new Health Practitioners Disciplinary Tribunal.

2. Submissions on public policy

Submissions were prepared on a range of relevant issues, including the Ministry of Health's draft proposal for amending and streamlining the regulatory framework for designated prescribers, the Medical Council of New Zealand's consultation document on scopes of medical practice, the draft National Framework for Nursing Professional Development and Recognition Programmes prepared by the National

Professional Development and Recognition Programmes Working Party, and a paper prepared by the Australian Nursing Council on Action on National Direction for Accreditation of Nursing and Midwifery Courses Conducted in Australia.

3. Relationships with key policy developers and stakeholders

To ensure effective collaboration and co-ordination with other agencies, this year the Chairperson, Nursing Council representatives, the Chief Executive and staff met with policy developers and stakeholders including:

Government and its agencies/advisers

Minister of Health
Associate Minister of Health
Health Spokesperson for United Future
Chief Nursing Advisor, Ministry of Health
Ministry of Health senior officials
New Zealand Qualifications Authority
Health and Disability Commissioner
Deputy Health and Disability Commissioner
Director of Proceedings
Accident Compensation Corporation
Tertiary Education Commission
Clinical Training Agency
Mental Health Commissioner
HealthPAC
Pharmac
Occupational Health and Safety
New Zealand Health Information Service
Clinical Training Agency
Standards New Zealand

Nursing and midwifery groups

Nurse Educators of New Zealand
New Zealand Nurses Organisation
College of Nurses Aotearoa (NZ)
Nurse Education in the Tertiary Sector
Nurse Executives of New Zealand
National Directors of Mental Health Nursing
Nurse Practitioner Advisory Committee of New Zealand
Te Kauhiera O Nga Neehi Maori O Aotearoa (the National Council of Maori Nurses)
Australian and New Zealand College of Mental Health Nurses
Independent Nurse Practitioners Association
New Zealand College of Midwives
Maori Nursing Palliative Care Group

Health, education and other organisations

New Zealand Private Hospitals Association
Committee on University Academic Programmes
New Zealand Polytechnic Programmes Committee
National Education Tertiary Sector
Association of Polytechnics in New Zealand
Royal Australasian College of Anaesthetists
Hospitals and health services

District Health Boards
 Other health regulatory authorities
 Social Work Regulatory Authority
 New Zealand Teachers' Council
 Schools of Nursing and Midwifery

Conferences and meetings attended included the New Zealand Nurses Organisation (NZNO) annual conference, the College of Nurses Aotearoa (NZ) annual conference, Waikato Institute of Technology's celebration of 25 years of nursing education, and meetings of the National Nursing Organisations.

The Chairperson, Chief Executive and staff addressed or presented papers to a range of national and local nursing and health-related bodies and students. A key focus for presentations was the impact on nurses and midwives of the Health Practitioners Competence Assurance Act 2003 to many groups.

The Health Practitioners Competence Assurance Act 2003 was also one of the main topics for discussion at the Council's annual Nursing Council Forum held in Wellington on 16 and 17 October 2003. More than 250 nurses attended the annual forum, which gives nurses the opportunity to discuss and debate regulatory and other topical issues. The forum also provides useful feedback to inform Council projects and policy development. As well as the new legislation, presentation topics this year included the competence framework, the impact of globalisation, recent research into Maori health, and strategic developments in nursing education. As a result of feedback from the forum, the Council intends to take the October 2004 forum to Auckland and Christchurch as well as Wellington. The Chief Executive represented the Council as a member of the Ministry of Health's Steering Group for the Health Practitioner Index.

4. Fostering international relationships

Trans-Tasman relations

During the year the Council continued to maintain effective relationships with the Australian Nursing Council (ANC) and to work with Australian nurse regulatory authorities towards harmonisation in the regulation of nurses and midwives.

The Chief Executive continued to collaborate with the Chief Executive of the ANC on co-ordinating an Australasian approach to the regulation of nurse practitioners. The Chief Executive participated in teleconferences to discuss developing a policy on the registration of advanced practice under mutual recognition, and worked with ANC's Research and Policy Committee on a number of projects, including a research project aimed at developing generic standards for nurse practitioners in New Zealand and Australia.

The Registration Advisor attended two meetings of the ANC's Collaborative Advisory Panel. In December, following recommendations from the Committee, and in support of harmonisation of policy for mutual recognition the Council amended its registration policy in three areas:

- the Council increased the International English Language Testing System (IELTS) score required for overseas nurses seeking registration where English is not the first or native language
- the Council waived the requirement for nurses educated in European Union member states to undertake a competence assessment programme, and
- it amended its policy for applicants from Zimbabwe and the Republic of South Africa.

The Chief Executive and Registration Advisor met the Australian Productivity Commission in August to discuss the Australian government's review of Trans-Tasman Mutual Recognition and the Council made recommendations on its draft report.

The Chairperson and Chief Executive of the Australian Nursing Council attended the Council's meeting in October 2003 where discussions focused on globalisation and issues of mutual concern.

Other international relations

During the year the Council continued to enhance global links and contribute to international nursing regulatory leadership.

The Chairperson and Chief Executive both actively participated in the International Council of Nurses biennial conference *Building Excellence through Evidence* held in Geneva in June. The Chairperson addressed the international community on *Leadership through Preparation for Advanced Practice* and the Chief Executive presented papers on *Leadership through Strategic Alliances* and *Mutual Recognition*.

While in Europe, the Chief Executive visited London to meet the new Chief Executive of the National Nursing and Midwifery Council of the United Kingdom and discuss matters of mutual concern including the regulation of advanced practice. She also visited two sites where a workforce programme is underway in the United Kingdom carrying out pilot studies on different innovative ways of using health professionals.

The Chief Executive also contributed to the ICN Regulation Network and participated in developing international scope and standards for advanced nursing practice through active membership of the ICN Advanced Practice Network – Policy and Regulation Committee.

In October, most of the Council members, the Chief Executive, Registration Advisor and Education Advisor attended *Innovations in Regulation*, the biennial International Conference of Nursing and Midwifery Regulatory Authorities held in Melbourne. The Council also gave a grant to assist a representative from Fiji to attend. The Chief Executive presented a paper on the Trans-Tasman experience of mutual recognition.

Following the Melbourne conference, the Council hosted the Chairperson and Chief Executive of the Nursing and Midwifery Council of the United Kingdom for two days of discussions on the Council's policies and approaches to regulation. The visit included a presentation on the Council's nurse practitioner framework which has been well received internationally.

During the year the Council hosted a Thai nursing delegation which was in New Zealand for a study tour for a half day's discussions on nursing education and regulation in New Zealand.

As a member of the Regional Steering Committee of the Western Pacific and South East Asian Nurse Regulatory Authorities, the Chief Executive participated in planning for the biennial meeting to be held in Kuala Lumpur in September 2004.

5. Treaty of Waitangi

This year the Council worked towards its goal of demonstrating the visibility of its commitment to the Treaty of Waitangi in the operational environment. In November the Council ran a workshop for staff aimed at improving their responsiveness to Maori. The workshop included an examination of the Treaty of Waitangi and what it means for Council staff, and an action plan for improving responsiveness to Maori was developed. A Treaty of Waitangi workshop planned for Council members in January was deferred until April 2004 because adverse weather had affected flights into Wellington.

Nursing Education

The Nursing Council sets and monitors standards for the registration and enrolment of nurses, including requirements for nursing education.

The Council's education role includes auditing and approving undergraduate and postgraduate nursing programmes, developing criteria for entry to the register or roll, and administering the State Examination process.

Summary of Key Activities

This year the Nursing Council:

- continued to implement recommendations from the Strategic Review of Undergraduate Nursing Education
- approved two undergraduate, one graduate, five postgraduate, and two competency assessment programmes
- approved three undergraduate nursing programmes at new sites and one endorsement to a postgraduate programme
- audited two undergraduate and four postgraduate nursing programmes
- worked with the New Zealand Qualifications Authority under the Memorandum of Understanding
- worked with the Clinical Training Agency to ensure the quality of nursing programmes
- maintained good working relationships with other external agencies
- administered the State Examination (Comprehensive Nursing), with a total of 1,225 candidates seeking registration as comprehensive nurses
- administered the State Examination (Enrolled Nursing), with a total of 74 candidates seeking enrolment as enrolled nurses
- implemented a new pathway for registered general nurses and registered psychopaedic nurses to gain registration as registered psychiatric nurses
- administered the State Examination (Mental Health), with a total of 33 candidates seeking registration as either comprehensive nurses or psychiatric nurses

1. Review of undergraduate nursing education

The Nursing Council continued to implement the recommendations accepted in May 2001 as a result of the Strategic Review of Undergraduate Nursing Education. This year the Council began

work on two major strategic projects – a revision of the curriculum framework and standards for undergraduate nursing education, and the development of an integrated competency framework from enrolled nursing to advanced practice. The Council developed the following consultation documents and distributed them to stakeholders in March 2004:

- *Draft Education Standards for Registration of the Nurse*
- *Draft Education Standards for the Registration of the 'Second Level' Nurse*
- *Draft Entry Level Competencies for the Registration of the Nurse*
- *Draft Competencies for Entry to the 'Second Level' Nurse Register*
- *Draft Continuing Practice Competencies for the Nurse*

The consultation period until 30 June 2004 gives stakeholders the opportunity to provide their views, comments and suggestions. The submissions will then be analysed and a report provided to the Council.

Both projects have taken into consideration the legislative requirements of the Health Practitioners Competence Assurance Act 2003 which comes into effect on 18 September 2004.

2. Approvals of nursing programmes

The Council approved two undergraduate, one graduate, five postgraduate, and two competency assessment programmes. Three undergraduate nursing programmes gained new site approval, and one endorsement to a postgraduate programme was approved.

Under the Memorandum of Understanding with the New Zealand Qualifications Authority (NZQA), the Council jointly undertakes with NZQA all approvals for new polytechnic programmes and all new site approvals.

Undergraduate programme approved for one year

Whitireia Community Polytechnic, *Bachelor of Nursing (Pacific)*

Undergraduate programme approved for five years

Northland Polytechnic, *Bachelor of Nursing (new curriculum)*

Graduate programme approved for five years

Whitireia Community Polytechnic, *Graduate Diploma for Psychiatric Registration*

Postgraduate programmes approved for five years

Auckland University of Technology, *Master of Health Science in Advanced Nursing Practice with nurse prescribing*

Whitireia Community Polytechnic, *Postgraduate Certificate in Perioperative Specialty Nursing*

Whitireia Community Polytechnic, *Postgraduate Certificate in Primary Health Specialty Nursing*

Whitireia Community Polytechnic, *Postgraduate Certificate in Forensic Psychiatric Care*

Whitireia Community Polytechnic, *Postgraduate Certificate in Hospice Palliative Care*

Competency assessment programmes approved for five years

Eastern Institute of Technology
Whitireia Community Polytechnic

New site approvals

UCOL Universal College of Learning's *Bachelor of Nursing* gained new site approval at Wairarapa for a period of five years with a maximum intake of 30 students, and at Wanganui for a period of four years with a maximum intake of 30 students.

Western Institute of Technology at Taranaki (WITT) gained new site approval to deliver one intake of the first two years of its *Bachelor of Nursing* programme at Taumararui, with a maximum intake of 30 students.

Endorsement approved

The Council approved a High Dependency Nursing endorsement to the University of Otago's *Postgraduate Certificate in Health Science* at Christchurch School of Medicine.

3. Audits of undergraduate and postgraduate nursing programmes

Undergraduate programmes audited and approved for five years

The University of Auckland, *Bachelor of Nursing*
Wairariki Institute of Technology, *Bachelor of Nursing*

Postgraduate programmes audited and approved for five years

Otago Polytechnic, *Master of Nursing with nurse prescribing*

Victoria University of Wellington, *Postgraduate Certificate in Advanced Nursing (Palliative Care)*

Victoria University of Wellington, *Postgraduate Certificate in High Dependency Nursing*

Postgraduate programme audited and approved for one year

Southern Institute of Technology, *Postgraduate Certificate/Diploma in Health Science*

4. Relationship with New Zealand Qualifications Authority (NZQA)

The Council continued to maintain an excellent relationship with NZQA. The Chief Executive and Education Advisor met with NZQA representatives during the year to discuss education issues and to review the Memorandum of Understanding. In December 2003, the Council signed the new Memorandum of Understanding, which clarifies the relationship and co-operation between the Council, NZQA and the Polytechnics Programme Committee (NZPPC)

5. Relationship with Clinical Training Agency (CTA)

The Council has maintained an excellent relationship with CTA. The organisations have had frequent contact evaluating the First Year of Practice programme offered by Auckland District Health Board, Waikato District Health Board, and Canterbury and West Coast District Health Boards (approved by the Council in the 2002/2003 year). The Council also worked with CTA to ensure that post-registration programmes continue to fulfil their funding requirements.

When the Council assesses post-registration programmes eligible for Clinical Training Agency (CTA) funding, its approval and audit processes include assessing the programmes against CTA specifications.

6. Relationships with other external agencies

The Chairperson, Chief Executive and Education Advisor met with National Education Tertiary Sector (NETS) representatives during the year to discuss nursing education issues, including the implementation of the Strategic Review of Undergraduate Nursing Education. The Chief Executive and Education Advisor also met with representatives from the Committee on University Academic Programmes (CUAP) and the New Zealand Polytechnic Programmes Committee (NZPPC) to discuss current arrangements for approving undergraduate and postgraduate programmes.

7. State Examination (Comprehensive Nursing)

The Nurses Act 1977 requires a pass in the State Examination (Comprehensive Nursing) for registration as a comprehensive nurse. In accordance with the Nurses Regulations 1986, the examinations leading to registration as a comprehensive nurse assess application of knowledge (including its scientific basis), safe and competent care, and the legal and ethical responsibilities for nursing practice across the age range, in the community, and in hospital settings. The examinations include medical, obstetric, psychiatric, psychopaedic and surgical nursing practice.

Total number of candidates

This year there were 1,225 candidates for the State Examination for registration as a comprehensive nurse, 1,206 candidates (98.45%) of whom were successful. Table 1 sets out the number of candidates who sat and passed during the year. Table 2 sets out the number of candidates who sat and passed in comparison with previous years.

Table 1: Candidates for state examination (comprehensive nursing) – year ended 31 March 2004

Candidates	Sat	Passed	Pass rate
July 2003	282	278	98.58%
November 2003	908	894	98.46%
March 2004	35	34	97.14%
Total	1,225	1,206	98.45%

Table 2: Candidates for state examination (comprehensive nursing) – comparison with previous years

Year ended 31 March	Sat	Passed	Pass rate
2004	1,225	1,206	98.45%
2003	1,105	1,059	95.84%
2002	1,154	1,110	96.18%
2001	1,219	1,156	94.83%
2000	1,226	1,184	96.57%

8. State Examination (Enrolled Nursing)

In the 2002/2003 year, the Nursing Council approved the first two enrolled nursing programmes to be offered in New Zealand since enrolled nursing courses were discontinued in 1995. This year the first intake of enrolled nursing students from the approved programmes – Northland Polytechnic's *Certificate in Health Science (Enrolled Nursing)* and Christchurch Polytechnic Institute of Technology's *Certificate in Enrolled Nursing (Long Term Care and Rehabilitation)* – sat the State Examination (Enrolled Nursing) in order to be eligible for entry to the Roll of Nurses. The State Examination (Enrolled Nursing) assesses physiological knowledge, psychosocial skills and knowledge, clinical skills and knowledge, communication skills, and ethical and legal safety.

Total number of candidates

There were 74 candidates for the State Examination (Enrolled Nursing), 70 (94.6%) of whom were successful. Table 3 sets out the number of candidates who sat and passed at the three sessions during the year. Successful candidates are able to work in their specialty area (medical aged care or long term care and rehabilitation) under the direction and supervision of registered nurses or medical practitioners.

Table 3: Candidates for state examination (enrolled nursing) – year ended 31 March 2004

Candidates	Sat	Passed	Pass rate
July 2003	29	25	86.21%
November 2003	5	5	100%
March 2004	40	40	100%
Total	74	70	94.6%

9. State Examination (Mental Health)

This year there were 33 candidates for the State Examination (Mental Health), all of whom were successful. Twelve of the candidates were registered general and obstetric nurses who were then registered as comprehensive nurses under the RGON pathway. The other 21 candidates were registered general nurses (RGNs) and registered psychopaedic nurses (RPdNs) who were following a new pathway approved in November 2003 to enable RGNs and RPdNs who have been working in mental health for at least two years to gain registration as registered psychiatric nurses (RPNs). The new pathway is only available until December 2005. To be eligible for registration as a psychiatric nurse under this pathway, RGNs and RPdNs must first be approved by the Council, enrol in an approved Entry to Speciality Mental Health Nursing programme, work with a clinical expert mental health nurse as mentor, meet the mental health competencies, and pass the State Examination (Mental Health).

Registration / Enrolment

In accordance with the Nurses Act 1977, the Nursing Council maintains a seven-part register and a roll. In the year to 31 March 2004, 51,583 nurses and midwives were issued with annual practising certificates.

The Nursing Council recognises that nursing and midwifery are separate professions. This section of the annual report provides registration data on both nursing and midwifery to allow comparison with previous years. The Midwifery section of the report provides a subset of midwifery data.

- provided verification of New Zealand registration/enrolment to 1,824 nurses and midwives seeking registration overseas

1. Total registrations / enrolments

The total number of nurses and midwives who registered or enrolled in the 2003/2004 year was up 408 compared with the previous year, from 2,735 to 3,143.

This year the Council registered a total of 1,310 persons (1,206 comprehensive nurses and 104 midwives) who successfully completed a New Zealand course and passed the State Examination. This was 141 more New Zealand registrations than the previous year.

In the year to 31 March 2004 the Council also enrolled 70 nurses who successfully completed one of two enrolled nursing courses approved by the Council in the 2002/2003 year. They are the first New Zealand graduates to be enrolled since 1995 when enrolled nursing courses were discontinued.

The number of overseas qualified nurses and midwives registered by the Council increased by 205 compared with the previous year (from 1,515 to 1,720). The number of overseas registrations includes 53 people registered as midwives only, and 49 people registered as both midwives and nurses. There was a small decrease in the number of overseas qualified nurses entered on the Roll of Nurses, from 56 in the year to 31 March 2003 to 45 this year.

Table 4 sets out the total number of registrations and enrolments of New Zealand and overseas trained nurses and midwives, compared with previous years.

Summary of Key Activities

This year the Nursing Council:

- registered 1,310 persons who completed a New Zealand course and passed the State Examination (1,206 comprehensive nurses and 104 midwives)
- enrolled 70 persons who completed a New Zealand course and passed the State Examination (Enrolled Nursing)
- registered 1,720 persons who qualified overseas (including 53 midwives with single registration and 49 midwives with dual registration)
- enrolled 47 persons who qualified overseas
- held nine Registration Committee meetings to consider 48 individual cases
- granted nurse practitioner endorsement to four registered nurses
- granted endorsement to supply the emergency contraceptive pill to 76 registered nurses
- issued 51,583 nurses and midwives with annual practising certificates

Table 4: All registrations / enrolments – comparison with previous years

31 Mar	Number registered			Number enrolled			Total
	NZ	Overseas	Total	NZ	Overseas	Total	
2004	1,310	1,720	3,031	70	45	115	3,143¹
2003	1,169	1,515	2,684	0	56	56	2,735²
2002	1,199	1,311	2,510	0	49	49	2,558³
2001	1,237	1,060	2,372	0	36	36	2,408
2000	1,309	1,114	2,423	0	32	32	2,455

¹ Two overseas nurses were both registered and enrolled.

² Five overseas nurses / midwives were both registered and enrolled.

³ One overseas nurse was both registered and enrolled.

2. Registration/enrolment of nurses and midwives from overseas

During the year the Council received 2,394 applications for registration or enrolment from overseas nurses and midwives. The Council registered or enrolled 1,765 nurses and midwives from overseas, two of whom were both registered and enrolled.

The largest numbers were registered in the general and obstetric, general and comprehensive nurse parts of the register.

Table 5 provides a breakdown of registrations and enrolments of nurses and midwives from overseas, by parts of the register and the roll. The total number of registrations and enrolments in Table 5 is greater than the total number of individuals registered or enrolled, as some nurses and midwives are entered in more than one part of the register or the roll.

Table 5: Registration / enrolment of overseas nurses and midwives by parts of the register / roll – year ended 31 March 2004

Category	Number
Comprehensive nurse	438
General nurse	629
General and obstetric nurse	435
Midwife (single registration)	53
Midwife (dual registration)	49
Psychiatric nurse	154
Psychopaedic nurse	26
Enrolled nurse	47

As shown in Figure 1, most of the overseas nurses and midwives registered or enrolled during the year were from the United Kingdom, Asia, Australia and South Africa. Appendix II provides a breakdown of overseas registrations and enrolments by individual country.

3. Registration Committee

The Registration Committee considers individual applicants for registration. This year the Committee met nine times and held seven pre-registration hearings to consider 48 individual cases.

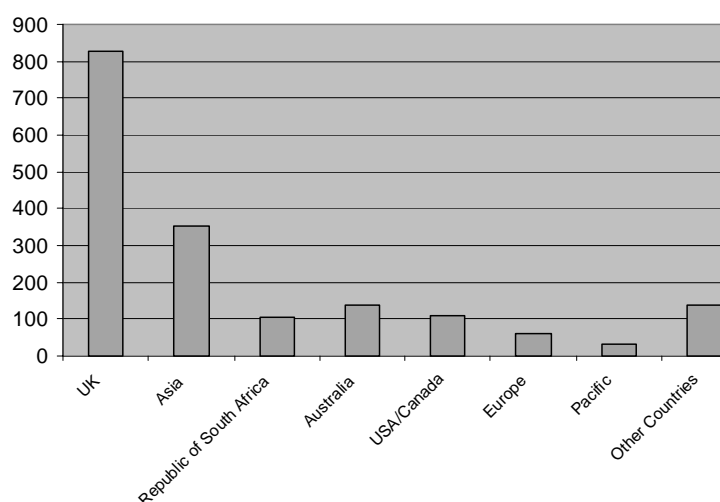
New Zealand graduates

- All 27 applicants for the State Examination who declared court convictions, including four for whom pre-registration hearings were held, were approved as fit and proper to sit the State Examination and be registered.
- An enrolled nurse with a complaint against her had her application to sit the State Examination (Comprehensive Nursing) and be registered as a comprehensive nurse deferred pending the outcome of the investigation.
- Two applicants for the State Examination were not permitted to sit; one was not approved as a fit and proper person, and the other had not completed the programme.

Overseas applicants

- Three applicants who declared court convictions were approved as fit and proper for registration.
- Two applicants who submitted fraudulent documentation with their applications, and one applicant who made a false declaration, were declined registration.
- One recently registered applicant subsequently had her name removed from the register after a Council investigation identified fraudulent references.

Figure 1: Registration / enrolment of overseas nurses and midwives by region – year ended 31 March 2004



- Two applicants who had completed competency assessment programmes with providers not formally approved by the Council were considered and subsequently approved for registration.
- Two applicants were declined registration after failing to meet the competency requirements.
- An applicant from Trinidad was approved for registration following consideration of her training and qualifications, the Registration Committee having no previous experience of applicants from Trinidad.
- A midwifery applicant was granted provisional registration while she completed the pharmacology and prescribing requirements, on the basis that she was not to prescribe until she had met the requirements and been formally registered.
- Four applicants completed the assessment process; one was granted and two were declined nurse practitioner endorsement. The Council had yet to consider one applicant as at 31 March 2004.
- Five applicants were assessed for educational equivalence; panel assessments were convened for two who met the requirements, and three were not approved as meeting the requirements for educational equivalence.

The assessment process continued for five nurses who had applied for nurse practitioner endorsement prior to 1 April 2003:

- Three applicants were granted nurse practitioner endorsement.
- The Council resolved to uphold its original decision to decline educational equivalence to one applicant, following the Nurse Practitioner Review Committee's endorsement of the Council's decision.
- One applicant was granted a six month extension to resubmit a developed portfolio, but did not resubmit within the timeframe.

The total number of four registered nurses granted nurse practitioner endorsement in the year to 31 March 2004 brings to 10 the number of nurse practitioners in New Zealand.

The Council continues to provide ongoing secretarial support for the Nurse Practitioner Advisory Committee of New Zealand (NPAC-NZ). This year Council staff participated in three meetings and three teleconferences with NPAC-NZ.

During the year the Council continued to work with the Ministry of Health to streamline the government's regulatory process for nurse prescribing.

The Council has deferred consulting on a paper developed on nurse practitioner prescribing until the government's review of the practitioner regulatory framework is completed.

Other cases considered

- Two registered general and obstetric nurses were approved to undertake the second pathway to comprehensive registration, and one registered general and obstetric nurse was approved to undertake the third pathway to comprehensive registration

The Committee held seven pre-registration hearings:

- Four of the 27 New Zealand applicants for the State Examination who declared court convictions appeared before the Committee for hearings under section 19(a) of the Nurses Act 1977 (fitness and properness for registration). All four were approved as fit and proper to sit the State Examination and be registered.
- Three overseas applicants for registration appeared before the Committee for hearings under section 19(a) of the Nurses Act 1977. Two who had declared previous court convictions were declined registration, and one with previous conditions on her licence to practice with an overseas nurse regulatory authority was approved for registration.

4. Nurse Practitioner Endorsement

In the year to 31 March 2004, the Council received nine new applications for nurse practitioner endorsement:

5. Endorsement to supply emergency contraceptive pill

The Council granted endorsement to supply the emergency contraceptive pill to 76 registered nurses.

Table 6: Registration / enrolment categories of nurses / midwives issued with annual practising certificates – year ended 31 March 2004

Category	Number	Percent
Comprehensive nurse	20,955	40.62%
Comprehensive nurse/Midwife	952	1.85%
General nurse	2,772	5.37%
General/Psychiatric nurse	163	0.32%
General/Psychopaedic nurse	4	0.01%
General/Psychiatric/Psychopaedic nurse	4	0.01%
General and obstetric nurse	15,357	29.77%
General and obstetric nurse/Midwife	3,244	6.29%
Midwife	640	1.24%
Midwife/Enrolled nurse	35	0.07%
Obstetric nurse	99	0.19%
Obstetric/Enrolled nurse	21	0.04%
Psychiatric nurse	1,489	2.89%
Psychiatric/Enrolled nurse	76	0.15%
Psychiatric/Psychopaedic nurse	43	0.08%
Psychopaedic nurse	260	0.50%
Psychopaedic/Enrolled nurse	15	0.03%
Enrolled nurse	5,454	10.57%
Total	51,583	100.00%

6. Annual Practising Certificates

In the year to 31 March 2004, the Council issued annual practising certificates to 51,583 nurses and midwives. Table 6 sets out their registration and enrolment categories. Table 7 provides a breakdown under each part of the register and the roll of nurses and midwives issued with annual practising certificates in the year to 31 March 2004.

The total in Table 7 is greater than the total number of annual practising certificates issued, as 8.85% of those issued with annual practising certificates had more than one entry in the register/roll.

Table 7: Annual practising certificates issued in the year ended 31 March 2004 under each part of the register / roll

Category	Number
Comprehensive nurse	21,907
General nurse	2,943
General and obstetric nurse	18,601
Obstetric nurse	120
Psychiatric nurse	1,608
Psychopaedic nurse	275
Enrolled nurse	5,601
Midwife	4,871

7. Verifications

When nurses and midwives apply for registration overseas, most overseas registration authorities require verification of the applicant's New Zealand registration or enrolment. This year the Council provided verification of registration or enrolment to 1,824 nurses and midwives planning to register with an overseas authority. Table 8 shows the planned destination of those who sought verification, the largest number of verifications being provided for Australia. The Nursing Council does not hold data on the number of nurses and midwives who actually leave the country.

Table 8: Destination of verifications – year ended 31 March 2004

Country of destination	Number
Australia	1,207
United Kingdom	389
United States of America	121
Canada	70
Eire	27
United Arab Emirates	5
South Africa	2
Bahrain	1
Hong Kong	1
Cayman Islands	1
Total	1,824

A similar number of nurses and midwives sought verification of their registration/enrolment in the year to 31 March 2004 as in the previous year. Table 9 sets out the number of verifications sought this year compared with previous years.

Table 9: Number of verifications – comparison with previous years

Year ended 31 March	Number
2004	1,824
2003	1,867
2002	2,285
2001	1,152
2000	793

Table 10 sets out the registration and enrolment categories of those who sought verification.

Table 10: Registration / enrolment categories for verifications provided - year ended 31 March 2004

Category	Number
Comprehensive nurse	1,166
Comprehensive nurse/Midwife	29
General nurse	114
General/Psychiatric nurse	9
General and obstetric nurse	311
General and obstetric nurse /Midwife	79
Midwife	23
Psychiatric nurse	41
Psychopaedic nurse	4
Enrolled nurse	48
Total	1,824

Midwifery

The Nursing Council sets and monitors standards for midwifery registration, including requirements for midwifery education. The Council's education role includes auditing and approving midwifery programmes, developing criteria for registration, and administering the State Examination process. This section of the annual report covers the Nursing Council's activities as they relate to the education and registration of midwives.

The Health Practitioners Competence Assurance Act 2003 establishes a separate Midwifery Council. Members of the new Midwifery Council were appointed in December, and the new Council will have take over the role of regulating the midwifery profession when the Act comes into force on 18 September 2004.

Summary of Key Activities

This year the Nursing Council:

- amended the policy on prescribing requirements for midwives from the United Kingdom and Eire
- conducted audits of two Bachelor of Midwifery programmes, and reviewed one Bachelor of Midwifery programme
- administered the State Examination (Midwifery), with a total of 107 candidates seeking registration as midwives
- registered as midwives 104 persons who completed a New Zealand course and passed the State Examination
- registered 102 midwives who qualified overseas (53 as midwives only, and 49 as a midwife and a nurse)
- issued 4,859 midwives with annual practising certificates (640 of whom are registered as midwives only)
- provided verification of New Zealand registration to 131 midwives seeking overseas registration

1. Prescribing Requirements for Overseas Midwifery Registration

In September the Council amended its policy for midwifery applicants from the United Kingdom

and Eire to require them to complete the prescribing requirements for midwifery registration before being formally registered in New Zealand.

Previously, midwives from the United Kingdom and Eire gained unconditional registration and were required to meet these requirements within their first year of practice.

2. Audits and reviews of Bachelor of Midwifery programmes

This year the Council audited Christchurch Polytechnic Institute of Technology's *Bachelor of Midwifery* programme. The programme was approved for five years on the proviso that a new Head of School would be appointed and approved by the Council.

The Council also audited Massey University's Bachelor of Midwifery programme. This audit was still in progress as at 31 March 2004.

The Council reviewed progress made by another midwifery school to meet the requirements resulting from the Council's 2002 audit of its *Bachelor of Midwifery* programme. The Council approved the programme for a period of one year, with a further full audit to take place in April 2004.

3. State Examination (Midwifery)

The Nurses Act 1977 requires a pass in the State Examination (Midwifery) for registration as a midwife. In accordance with the Nurses Regulations 1986, the examination leading to registration as a midwife assesses the theory and practice of midwifery and obstetrics. This includes knowledge of relevant sciences, health education, research, management principles and the legal requirements related to midwifery practice in different settings.

Total number of candidates

This year there were 107 candidates for the State Examination for registration as midwives, 104 of whom were successful. Table 11 sets out the number of candidates who sat and passed at the three examination sessions during the year, and Table 12 sets out the number of candidates who sat and passed in comparison with previous years.

Table 11: Candidates for state examination (midwifery) – Year Ended 31 March 2004

Candidates	Sat	Passed	Pass rate
July 2003	18	17	94.44%
November 2003	82	80	97.56%
March 2004	7	7	100.00%
Total	107	104	97.33%

Table 12: Candidates for state examination (midwifery) – Comparison with Previous Years

Year ended 31 March	Sat	Passed	Pass rate
2004	107	104	97.33%
2003	112	110	98.21%
2002	103	89	86.40%
2001	91	81	89.01%
2000	130	125	96.15%

4. New registrations from New Zealand programmes

The Nursing Council registered 104 midwives who completed a New Zealand course and passed the State Examination. This was six fewer New Zealand midwifery registrations than the previous year.

5. Registration of midwives from overseas

This year the Nursing Council granted registration to 102 persons who qualified as midwives overseas. 53 of these were registered as midwives only, and 49 were granted dual registration as a midwife and a nurse.

6. Annual Practising Certificates

In the year to 31 March 2004, the Council issued annual practising certificates to 4,859 midwives. Of these, 640 held single registration as a midwife only, and 4,219 held dual registration as a midwife and a nurse.

7. Verifications

When a midwife applies for overseas registration, most overseas registration authorities require verification of the applicant's New Zealand registration. This year the Council provided 131 midwives with verification of their New Zealand registration, 23 of whom were registered as midwives only, and 108 of whom held dual registration as a nurse and a midwife.

Health and Disability

The Nurses Act 1977 requires the Nursing Council to consider notifications of mental or physical disability or suspected disability of registered and enrolled nurses and midwives. The Health and Disability Committee considers these notifications and, where appropriate, suspends a nurse or midwife under section 32 of the Act, or suspends a nurse or midwife under section 33 of the Act, and permits a nurse or midwife to practise under conditions.

Summary of Key Activities

This year:

- the Council received 21 new notifications
- the Health and Disability Committee held 55 hearings to consider new notifications and to review suspensions and conditions imposed under the Act

1. New notifications

The number of new notifications decreased from 30 in 2003 to 21 in 2004. Table 13 sets out the number of new notifications received this year in comparison with previous years.

Table 13: Disability or suspected disability: new notifications received – comparison with previous years

Year ended 31 March	Total
2004	21
2003	30
2002	14
2001	28
2000	22

The new notifications were received from a variety of sources, the largest source being employers. Table 14 sets out the source of the notifications received this year. Table 15 sets out the registration/enrolment categories of those for whom notifications were received.

Table 14: Source of notifications of disability or suspected disability received in year ended 31 March 2004

Source	Number
Employer	13
Medical practitioner	3
Self notifications	4
Preliminary Proceedings Committee	1
Total	21

Table 15: Registration / enrolment categories – notifications received in year ended 31 March 2004

Category	Number
Comprehensive nurse	11
General and obstetric nurse	5
Psychiatric nurse	2
Enrolled nurse	1
Comprehensive nurse / midwife	1
Psychopaedic nurse	1
Total	21

2. Health and Disability Committee hearings

This year the Health and Disability Committee held 55 hearings, two more than it held in the year ended 31 March 2003. Table 16 sets out the number of hearings in comparison with previous years.

The Committee considered new notifications received during the year or carried over from the previous year, and reviewed suspensions and conditions which had been imposed under the Act. The disabilities or suspected disabilities considered included physical disability, mental disability, drug and alcohol dependency, and gambling addiction. Of the 55 hearings conducted:

- 17 nurses were suspended under section 33 of the Nurses Act 1977, and permitted to practise under conditions;
- nine nurses were suspended from practice under section 32;
- four nurses had their suspensions under section 33 revoked and the conditions on their practice lifted;
- 16 nurses continued to be suspended under section 33 and continued to be permitted to practise under conditions;
- four nurses had their suspensions under section 32 revoked, and were suspended under section 33 and permitted to practise under conditions; and
- the Committee took no further action on five notifications because it did not consider that the nurses had a disability affecting their practice.

Table 16: Health and disability hearings – comparison with previous years

Year ended 31 March	Total
2004	55
2003	53
2002	31
2001	34
2000	35

Discipline

Part IV of the Nurses Act 1977 provides for action on complaints received about the conduct of nurses and midwives, including the investigation role of the Preliminary Proceedings Committee and the disciplinary powers of the Council.

Summary of Key Activities

This year:

- the Nursing Council received 47 complaints under the Nurses Act 1977 about the conduct of nurse and midwives
- the Preliminary Proceedings Committee investigated 32 complaints and held 19 preliminary hearings
- the Nursing Council conducted 18 disciplinary hearings
- the Monitoring Committee met three times to monitor nurses and midwives practising under conditions imposed following a finding of professional misconduct

1. Complaints received

Under section 40 of the Nurses Act 1977, in the year to 31 March 2004 the Nursing Council received 47 complaints from employers, consumers and other health professionals concerning the conduct of nurses and midwives. This was nine fewer complaints than the Council received the previous year. Table 17 shows the number of complaints received compared with previous years.

Table 17: Complaints received under Section 40 – comparison with previous years

Year ended 31 March	Total
2004	47
2003	56
2002	30
2001	27
2000	37

As required by section 48C of the Nurses Act 1977, the Registrar referred all 47 complaints to the Health and Disability Commissioner. As at 31 March 2004, the Commissioner had referred 26 of these complaints which raised professional issues back to the Registrar to be dealt with under the Nurses Act.

The Convener of the Preliminary Proceedings Committee then decided that the Committee would investigate 21 of these 26 complaints.

In the year to 31 March 2004, the Health and Disability Commissioner also notified the Nursing Council of 38 investigations he had commenced concerning nurses or midwives, after receiving complaints alleging breaches of the Code of Health and Disability Services Consumers' Rights. The Commissioner referred an additional four complaints to the Nursing Council, which he considered more appropriately dealt with by the Council.

2. Preliminary Proceedings Committee investigations and hearings

In the year to 31 March 2004, the Preliminary Proceedings Committee investigated 32 complaints. As shown in Table 18, the complaints originated from a variety of sources, the most common source being employers.

Table 18: Source of complaints investigated by preliminary proceedings committee – year ended 31 March 2004

Source	Number
Employers	18
Consumers	4
Other health professionals	8
Accident Compensation Corporation	1
Police	1
Total	32

Table 19 sets out the registration/enrolment categories of the nurses and midwives investigated by the Preliminary Proceedings Committee.

Table 19: Registration / enrolment categories – complaints investigated by Preliminary Proceedings Committee – year ended 31 March 2004

Category	Number
Comprehensive nurse	11
Comprehensive nurse / midwife	4
General and obstetric nurse	6
General and obstetric nurse / midwife	3
Psychiatric nurse	3
Enrolled nurse	5
Total	32

The conduct alleged in the complaints included:

- prescribing medication for patients;
- failing to take action on an abnormal CTG;
- hitting a patient;
- entering into an inappropriate relationship with a patient;
- borrowing money from a patient and entering into loan agreements with a patient;
- stealing money from a patient;
- falsifying a patient's recordings;
- failing to take appropriate action when a patient became unwell; and
- administering the wrong medication.

Eleven of the 32 complaints were investigated under section 40 of the Nurses Act 1977. Section 40 of the Act enables the Convener of the Preliminary Proceedings Committee to take a statement from the complainant in order to decide whether the Committee should investigate the conduct complained about under section 41 of the Act. The Convener decided that no further action would be taken on any of these 11 complaints.

The other 21 complaints were investigated under section 41 of the Act. Of these, 19 were the subject of preliminary hearings by the Preliminary Proceedings Committee (the other two having been referred to the Council's Health and Disability Committee before preliminary hearings were held). Preliminary hearings give nurses and midwives under investigation the opportunity to respond to the allegations against them.

Of the 19 complaints which went to a preliminary hearing, the Committee decided to:

- refer charges of professional misconduct against eight nurses to the Nursing Council;
- refer two nurses to the Health and Disability Committee;
- refer one complaint to the Police; and
- take no further action on the remaining eight complaints.

3. Nursing Council hearings

In the year to 31 March 2004, the Nursing Council conducted 13 disciplinary hearings under section 42(1)(b) of the Nurses Act 1977 (allegations of professional misconduct), and five hearings under section 42(1)(a) of the Act (referrals of court convictions). The Preliminary Proceedings Committee prosecuted charges against three registered comprehensive nurses, one registered psychiatric nurse, two enrolled nurses, two registered general and obstetric nurses, and one registered general and obstetric nurse and registered midwife. The Director of Proceedings prosecuted charges against two registered midwives, one registered general and obstetric nurse, and one registered general and obstetric nurse and registered midwife.

The following is a summary of individual hearings:

- A registered general and obstetric nurse and midwife was found guilty of professional misconduct for failing to recognise and/or take action on a CTG which showed repetitive decelerations and/or foetal tachycardia and/or reduced variability, and for falsely documenting that the CTG had been reviewed by a specialist when she knew or ought to have known that a specialist had not reviewed the CTG. The Council ordered that the midwife practise subject to meeting certain conditions within six months from the date of its decision. It ordered that she pay costs of \$10,380, being 35% of the actual costs of and incidental to the investigation by the Preliminary Proceedings Committee and the Council inquiry. The Council ordered publication of the effect of the orders, including the nurse's name but suppressing other identifying details.
- A registered comprehensive nurse was found guilty of professional misconduct for entering into an inappropriate relationship with a patient in the disability/rehabilitation unit where she was employed. The Council censured the nurse and ordered that she pay \$9,400, being 30% of the actual costs and expenses of and incidental to the investigation by the Preliminary Proceedings Committee and the Council inquiry. The Council ordered publication of the effect of the orders, suppressing the nurse's name and all identifying details of the case.
- A registered general and obstetric nurse and midwife was found guilty of professional misconduct for failing to correctly administer a controlled drug to two patients under her care. The Council suspended the nurse from nursing practice for one year. The nurse was ordered to pay \$3,770, being 20% of the actual costs and expenses of and incidental to the inquiry by the Director of Proceedings and the Council. The Council ordered publication of the effect of the orders, suppressing the nurse's name and all identifying features of the case.
- A registered general and obstetric nurse, who was acting as duty leader in the case described above, was found guilty of professional misconduct for failing to follow correct procedures in the administration of controlled drugs by another registered nurse to two patients. The Council ordered that the nurse's name be removed from the register and that she could apply for reinstatement after one year. The nurse was ordered to pay \$4,720, being 25% of the actual costs and expenses of and

incidental to the inquiry by the Director of Proceedings and the Council. The Council ordered publication of the effect of the orders, suppressing the nurse's name and all identifying features of the case.

- A registered comprehensive nurse was found guilty of professional misconduct for entering into an inappropriate relationship with a patient of the unit where she was employed, exploiting her professional relationship with him by accepting gifts of money and borrowing money, entering into loan agreements with the patient, and using his credit card for purchases for her own use. The Council ordered that the nurse's name be removed from the register and declined to fix a time when she could apply to have her name reinstated. It ordered the nurse to pay \$5,190, being 40% of the actual costs and expenses of and incidental to the investigation by the Preliminary Proceedings Committee and the Council inquiry. The Council ordered publication of the effect of the orders, including the nurse's name.
- An enrolled nurse was found guilty of professional misconduct for inappropriately locking a resident of the rest home where she worked into the resident's room. The Council suspended the nurse from practice for one year and ordered that she pay \$11,080, being 40% of the actual costs and expenses of and incidental to the investigation by the Preliminary Proceedings Committee and the Council inquiry. The Council ordered publication of the effect of the orders, including the nurse's name but suppressing other identifying details.
- A registered comprehensive nurse was found guilty of professional misconduct for administering controlled medication to hospital residents without checking those drugs with other staff members, and for falsifying other staff members' signatures in the controlled drug register. The Council ordered that the nurse's name be removed from the register and that he could apply for reinstatement after one year. It also ordered the nurse to pay \$4,015, being 35% of the actual costs of and incidental to the investigation by the Preliminary Proceedings Committee and the Council inquiry. The Council ordered publication of the effect of the orders, including the nurse's name but suppressing other identifying details.
- A registered general and obstetric nurse was found guilty of professional misconduct for issuing instructions to staff on three occasions to administer Diazepam to a resident of the rest home where she was nurse manager, when Diazepam had not been prescribed for the resident. The Council ordered that the nurse practise subject to conditions which it required the nurse to meet within six months of its decision. The Council ordered the nurse to pay \$1,845, being 25% of the actual costs of and incidental to the investigation by the Preliminary Proceedings Committee and the Council inquiry. It ordered publication of the effect of the orders, suppressing the nurse's name and all other identifying details.
- A registered psychiatric nurse was found guilty of professional misconduct for physically abusing two clients under his care, by slapping one and pushing another up against a wall. The Council ordered that the nurse's name be removed from the register and that he could apply for reinstatement after two years. It ordered that he pay \$13,430, being 30% of the actual costs of and incidental to the investigation by the Preliminary Proceedings Committee and the Council inquiry. The Council ordered publication of the effect of the orders, including the nurse's name but suppressing all other identifying details.
- An enrolled nurse was found guilty of professional misconduct for taking money from a patient and removing a bottle of medication from her employer. The Council ordered that the nurse practise subject to conditions for a period of at least 12 months. She was ordered to pay \$4,900, being 35% of the actual costs of and incidental to the investigation by the Preliminary Proceedings Committee and the Council inquiry. The Council ordered publication of the effect of the orders, including the nurse's name but suppressing all other identifying details.
- The Council found charges brought by the Preliminary Proceedings Committee against a registered general and obstetric nurse not proven, and did not order publication.
- The Council did not order publication in the case of a registered midwife found guilty of professional misconduct following charges brought by the Director of Proceedings.
- The Council found some of the charges brought by the Director of Proceedings in relation to another registered midwife proven, but that they did not amount to professional misconduct. It did not order publication.

- A registered psychopaedic nurse was convicted under the Crimes Act 1961 on two charges of using a document for pecuniary advantage. The nurse, who was the clinical manager of a number of residential homes, admitted using residents' funds for her own benefit and redistributing funds between residents. The Council considered the matter as the referral of a conviction under section 42(1)(a) of the Nurses Act 1977. It ordered that the nurse's name be removed from the register and declined to fix a time when she could apply to have her name reinstated. The nurse was ordered to pay \$600, being 20% of the actual costs and expenses of and incidental to the Council inquiry, and the Council ordered publication of the effect of the orders, including the nurse's name.
- An enrolled nurse was convicted under the Crimes Act 1961 on a charge of wounding with intent to cause grievous bodily harm and sentenced to a three year term of imprisonment. The Council considered this matter as the referral of a conviction under section 42(1)(a) of the Nurses Act 1977. It ordered that the nurse's name be removed from the roll and that the nurse could apply for reinstatement after one year. The Council also ordered that the nurse pay \$700, being 25% of the actual costs and expenses of and incidental to the Council inquiry. The Council ordered publication of the effect of the orders, suppressing the nurse's name and identifying features of the case.
- An enrolled nurse who had been appointed power of attorney for an older person with dementia was convicted under the Crimes Act 1961 on one charge of theft by a person holding power of attorney, and seventeen counts of using documentation for pecuniary advantage. The Council considered this matter as the referral of a conviction under section 42(1)(a) of the Nurses Act 1977. The Council suspended the nurse from practice for six months. It ordered that she pay \$580, being 30% of the actual costs and expenses of and incidental to the Council inquiry. The

Council ordered publication of the effect of the orders, suppressing the nurse's name and identifying features of the case.

- A registered comprehensive nurse was convicted under the Crimes Act 1961 on a number of charges of serious sexual offending and sentenced to a term of imprisonment of up to 12 years. The Council considered the matter as the referral of convictions under section 42(1)(a) of the Nurses Act 1977. It ordered that the nurse's name be removed from the register and declined to set a date when he could apply for reinstatement. The Council also ordered that the nurse pay \$1,780, being 40% of the actual costs and expenses of and incidental to the Council inquiry. It ordered publication of the effect of the orders, including the nurse's name.
- The Council did not order publication in the case of a registered comprehensive nurse whose conviction in the District Court was considered as the referral of a conviction under section 42(1)(a) of the Nurses Act.

4. Monitoring Committee

When the Nursing Council finds a nurse or midwife guilty of professional misconduct and imposes conditions on practice, the Monitoring Committee monitors the nurse's or midwife's practice to ensure compliance with the conditions. As at 31 March 2004, the Committee was monitoring seven nurse and two midwives.

During the year the Monitoring Committee:

- removed the conditions on practice from one nurse, following receipt of a favourable report from her employer and being satisfied that she had met the Council's requirements;
- agreed that a midwife who was practising with conditions on her practice could be issued with an annual practising certificate endorsed "restricted practice", as the position she held did not require midwifery qualifications; and
- approved a mentor for a midwife being monitored by the Committee.

Financial Statements

NURSING COUNCIL OF NEW ZEALAND
STATEMENT OF FINANCIAL PERFORMANCE
FOR THE YEAR ENDED 31 MARCH 2004

	Note	2004 \$	2003 \$
<u>INCOME</u>			
Corporate Affairs Income	2	161,238	160,776
Education Income		132,285	132,850
APC Registration Income		2,028,755	1,998,661
Other Registration Income		526,081	624,312
Disciplinary Costs Recovered		48,110	59,270
Midwifery Income	13	<u>52,870</u>	<u>16,100</u>
<u>TOTAL INCOME</u>		2,949,339	2,991,969
<u>Less EXPENSES :</u>			
Corporate Affairs Expenses	6	1,262,154	907,750
Education Expenses		237,974	168,606
APC Registration Expenses		122,971	102,422
Other Registration Expenses		428,489	467,459
Disciplinary Expenses	3	413,393	501,057
Health & Disability Expenses		113,582	102,607
Council Governance Expenses	4	179,038	149,511
Midwifery Expenses	13	<u>111,442</u>	<u>64,278</u>
<u>TOTAL EXPENSES</u>		2,869,043	2,463,690
<u>NET SURPLUS / (DEFICIT)</u>		<u>80,296</u>	<u>528,279</u>

The accompanying notes and accounting policies form part of these financial statements

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NURSING COUNCIL OF NEW ZEALAND
STATEMENT OF MOVEMENTS IN EQUITY
FOR THE YEAR ENDED 31 MARCH 2004

	Note	2004 \$	2003 \$
<u>Accumulated Funds At Beginning Of Year</u>		1,034,066	505,787
<u>SURPLUS (DEFICIT)</u>			
Net Surplus/(Deficit)	80,296		528,279
Total Recognised Revenues And Expenses For The Year		80,296	528,279
<u>Accumulated Funds At End Of Year</u>		<u>1,114,362</u>	<u>1,034,066</u>

The accompanying notes and accounting policies form part of these financial statements

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NURSING COUNCIL OF NEW ZEALAND
STATEMENT OF FINANCIAL POSITION
AS AT 31 MARCH 2004

	Note	2004 \$	2003 \$
<u>CURRENT ASSETS</u>			
Cash on Hand	7	324,662	5,822
Deferred Expenditure		143,446	101,240
Accounts Receivable		10,136	6,405
Accrued Income		11,433	171
Recoverable Legal Fees	8	12,056	8,896
Interest Receivable		25,480	18,899
Investments	9	<u>2,843,257</u>	<u>2,821,925</u>
		3,370,470	2,963,358
<u>Less CURRENT LIABILITIES</u>			
Accrued Salaries / Annual Leave		60,946	53,746
Accounts Payable	10	546,452	380,565
Office Rent	16	59,286	-
APC Fees Paid in Advance		<u>2,112,875</u>	<u>1,688,702</u>
		2,779,559	2,123,013
		<u>590,911</u>	<u>840,345</u>
<u>WORKING CAPITAL</u>			
		590,911	840,345
<u>NON CURRENT ASSETS</u>			
Recoverable Legal Fees	8	47,075	84,284
Art Work		1,194	1,194
Fixed Assets	11	<u>484,753</u>	<u>130,990</u>
		533,022	216,468
<u>NON CURRENT LIABILITIES</u>			
Lease Liability	17	9,571	22,747
		<u>1,114,362</u>	<u>1,034,066</u>
<u>NET ASSETS</u>			
		<u>1,114,362</u>	<u>1,034,066</u>
<u>ACCUMULATED FUNDS</u>			
		<u>1,114,362</u>	<u>1,034,066</u>

On behalf of the Council

Monica R Clark Chief Executive Officer

Adrian M. M. M. M. Chairperson

26.8.04 Date

The accompanying notes and accounting policies form part of these financial statements

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NURSING COUNCIL OF NEW ZEALAND
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 31 MARCH 2004

	Note	2004 \$	2003 \$
<u>CASH FLOWS FROM OPERATING ACTIVITIES</u>			
<i>Cash was Provided from:</i>			
APC Registration Income		2,452,926	2,058,627
Other Registration Income		526,081	624,312
Interest Received		90,690	88,670
Other Receipts		316,288	286,896
GST		33,116	15,883
		<u>3,419,101</u>	<u>3,074,388</u>
<i>Cash was Applied to:</i>			
Service Delivery Expenses		1,649,264	1,655,033
Payments to Employees		955,347	839,627
		<u>2,604,611</u>	<u>2,494,660</u>
Net Cash Inflows/(Outflows) from Operating Activities	18	814,490	579,728
<u>CASH FLOWS FROM INVESTING ACTIVITIES</u>			
<i>Cash was Provided from:</i>			
Sale of Fixed Assets		<u>1,502</u>	<u>-</u>
		1,502	-
<i>Cash was Applied to:</i>			
Purchase of Fixed Assets		464,073	25,601
Term Deposits		<u>-</u>	<u>700,000</u>
		464,073	725,601
Net Cash Inflows/(Outflows) from Investing Activities		(462,571)	(725,601)
<u>CASH FLOWS FROM FINANCING ACTIVITIES</u>			
<i>Cash was Applied to:</i>			
Repayment of Equipment Lease Instalments		<u>11,747</u>	<u>10,319</u>
		11,747	10,319
Net Cash Inflows/(Outflows) from Financing Activities		(11,747)	(10,319)
Net Increase/(Decrease) in Cash Held		<u>340,172</u>	<u>(156,192)</u>
Add Cash and Deposits at Beginning of Year		<u>2,827,747</u>	<u>283,939</u>
Balance of Cash and Deposits at End of Year		<u><u>3,167,919</u></u>	<u><u>127,747</u></u>
<i>Represented by:</i>			
Cash on Hand		324,662	5,822
BNZ At-Call Investments		343,257	121,925
BNZ Term Deposits		<u>2,500,000</u>	<u>-</u>
		<u><u>3,167,919</u></u>	<u><u>127,747</u></u>

The accompanying notes and accounting policies form part of these financial statements

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NURSING COUNCIL OF NEW ZEALAND
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2004

NOTE 1

STATEMENT OF ACCOUNTING POLICIES

Reporting Entity

The Nursing Council of New Zealand is governed by the Nurses Act 1977 and the Health Practitioners Competence Assurance Act 2003.

The Council prepares financial statements in accordance with the Act's reporting requirements and the Financial Reporting Standards of the Institute of Chartered Accountants of New Zealand.

Measurement Base

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

Specific Accounting Policies

The following specific accounting policies which materially affect the measurement of the 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 Position 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.

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NURSING COUNCIL OF NEW ZEALAND
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2004

Part 2-Receivables other than current year with a payment arrangement in place. If the payment arrangement will not clear the receivable 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 these parts forms the provision for doubtful debts shown in notes 3 and 8 to these financial statements.

- c) Investments
Investments have been shown at lower of cost or net realisable value.
- d) Fixed Assets
All assets are recorded at historical cost less accumulated depreciation.
- e) 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
Leasehold 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.

- f) Fees Received in Advance
Fees received in advance for annual practising certificates are accrued in the Statement of Financial Position when received and recognised in the Statement of Financial Performance in the year to which they relate.
- g) Fees Received for Processing Overseas Applications
Fees received for processing overseas applications for registration in New Zealand are recognised as revenue when received.

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NURSING COUNCIL OF NEW ZEALAND
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2004

- h) Provision for Holiday Pay
Provision has been made for the holiday pay liability on an actual entitlements basis at current rates of pay. Any movement in the level of this provision is reflected in the Statement of Financial Performance.
- i) GST
The financial statements and notes are shown GST exclusive except for accounts payable and accounts receivable which are shown GST inclusive in the Statement of Financial Position.
- j) Deferred Expenditure
Expenses incurred directly relating to annual practising certificates are expensed in the year to which they relate.
- k) Leased Assets

Operating Leases

The Council is party to operating lease arrangements where the lessor effectively retains substantially all the 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.

Financing 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 their useful lives in accordance with the depreciation rates established for similar fixed assets.

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 17 to these Financial Statements.

NURSING COUNCIL OF NEW ZEALAND

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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2004

l) Financial Instruments

The Council is party to financial instrument 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 arrangements.

m) Office Rent

The seven month rent free period for Mid-City Towers is being amortised over the 6 year period of the lease.

Changes in Accounting Policy

There have been no changes in the accounting policies of the Council during the year.

The policies have been applied on a basis consistent with the previous year.

NOTE 2

CORPORATE AFFAIRS INCOME

	2004	2003
	\$	\$
Interest	97,272	88,669
Forum	16,044	-
Publications	42,416	69,298
Sundry	<u>5,506</u>	<u>2,809</u>
	<u>161,238</u>	<u>160,776</u>

NURSING COUNCIL OF NEW ZEALAND
NOTES TO THE FINANCIAL STATEMENTS

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FOR THE YEAR ENDED 31 MARCH 2004

NOTE 3

DISCIPLINARY EXPENSES

	2004	2003
	\$	\$
Doubtful Debts	3,018	44,664
Other Disciplinary Expenses	<u>410,375</u>	<u>456,393</u>
	<u>413,393</u>	<u>501,057</u>

NOTE 4

COUNCIL GOVERNANCE EXPENSES

These expenses relate to the general governance activities of Council members. Additional council fees of \$126,061 (2003: \$100,738) relating to Education, Registration, Disciplinary and Health and Disability are included in the expenditure totals for those activities, rather than as council governance expenses. (refer note 5)

	2004	2003
	\$	\$
Council Members Fees	82,184	80,863
Council Members Travel	69,789	57,769
Council Expenses	5,529	5,445
Council Development	<u>21,536</u>	<u>5,434</u>
	<u>179,038</u>	<u>149,511</u>

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NOTE 5**COUNCIL FEES**

As stated in note 4, Council fees are attributed to various activities in the financial statements. The total Council members fees were:

	2004 \$	2003 \$
A Huntington	7,680	3,000
A Huntington paid to Massey University	41,440	42,356
B Hall	14,720	15,912
B Rayna	26,100	20,122
H Tupara	15,620	16,510
J Patterson	2,300	1,820
J Patterson paid to Otago Polytechnic	7,902	11,864
M Millard	14,810	1,523
M Southwick paid to Whitireia Polytechnic	7,533	7,995
M Southwick	460	1,320
M Kiely	29,170	20,485
M Hammond	6,610	5,134
M Hammond paid to Hawkes Bay DHB	-	1,020
M Hammond paid to Capital Coast DHB	5,760	3,230
N Warmington	14,300	14,440
S Grey	<u>13,840</u>	<u>14,870</u>
Total Council Members Fees	<u>208,245</u>	<u>181,601</u>

NOTE 6**CORPORATE AFFAIRS EXPENSES**

	2004 \$	2003 \$
Audit Fees	13,664	15,196
Depreciation	86,554	51,304
Human Resources	43,960	33,876
Rental Costs	218,043	79,183
Salaries	375,895	346,812
Other Corporate Affairs Expenses	<u>524,038</u>	<u>381,379</u>
	<u>1,262,154</u>	<u>907,750</u>

NURSING COUNCIL OF NEW ZEALAND
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2004

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NOTE 7

CASH ON HAND

	2004	2003
	\$	\$
Cash Float	500	100
BNZ Cheque Account	<u>324,162</u>	<u>5,722</u>
	<u>324,662</u>	<u>5,822</u>

NOTE 8

RECOVERABLE LEGAL FEES

	2004	2003
	\$	\$
<u>Current Portion</u>		
Recoverable Legal Fees	12,056	8,896
Less Provision for Doubtful Debts	-	-
	<u>12,056</u>	<u>8,896</u>
<u>Non Current Portion</u>		
Recoverable Legal Fees	197,215	231,406
Less Provision For Doubtful Debts	<u>(150,140)</u>	<u>(147,122)</u>
	<u>47,075</u>	<u>84,284</u>
Total Recoverable Legal Fees	209,271	240,302
Less: Provision For Doubtful Debts	<u>(150,140)</u>	<u>(147,122)</u>
	<u>59,131</u>	<u>93,180</u>

NURSING COUNCIL OF NEW ZEALAND
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2004

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NOTE 9**INVESTMENTS**

The value of investments and the average interest rates at year end for the term deposits were:

	Rate %p.a.	2004 \$	Rate %p.a.	2003 \$
Term Deposits	5.69	2,500,000	5.7	2,700,000
BNZ At - Call Investments		<u>343,257</u>		<u>121,925</u>
		<u>2,843,257</u>		<u>2,821,925</u>

Term Deposits have maturity dates of between 3 – 12 Months

NOTE 10**ACCOUNTS PAYABLE**

	2004 \$	2003 \$
GST Payable	217,576	184,460
PAYE Payable	-	8,980
Sundry Accounts Payable	<u>328,876</u>	<u>187,125</u>
	<u>546,452</u>	<u>380,565</u>

NURSING COUNCIL OF NEW ZEALAND
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2004

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NOTE 11**FIXED ASSETS SCHEDULE**

	<u>Cost</u> <u>31/3/04</u>	<u>Accum Depn</u> <u>31/3/04</u>	<u>Book Value</u> <u>31/3/04</u>
Leasehold Improvements	338,989	40,862	298,127
Office Equipment	243,700	127,913	115,787
Computer Equipment	<u>388,078</u>	<u>317,239</u>	<u>70,839</u>
	<u>970,767</u>	<u>486,014</u>	<u>484,753</u>

	<u>Cost</u> <u>31/3/03</u>	<u>Accum Depn</u> <u>31/3/03</u>	<u>Book Value</u> <u>31/3/03</u>
Leasehold Improvements	186,459	165,050	21,409
Office Equipment	193,835	121,191	72,644
Computer Equipment	<u>332,729</u>	<u>295,792</u>	<u>36,937</u>
	<u>713,023</u>	<u>582,033</u>	<u>130,990</u>

NOTE 12**DEPRECIATION**

	2004 \$	2003 \$
Leasehold Improvements	40,862	14,271
Office Equipment	15,004	14,672
Computer Equipment	<u>30,688</u>	<u>22,361</u>
	<u>86,554</u>	<u>51,304</u>

NOTE 13**COMPARATIVE INFORMATION**

Midwifery Income and Expenses comparative information in the financial statements has been reclassified from Disciplinary Costs Recovered and Disciplinary Expenses in order to provide a more appropriate basis for comparison.

NURSING COUNCIL OF NEW ZEALAND
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2004

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NOTE 14**CAPITAL COMMITMENTS**

The Council has commitments of \$20,400 for capital expenditure on the Information Technology Project as at 31 March 2004 (2003:\$12,100).

NOTE 15**CONTINGENT LIABILITIES**

The Council has contingent liabilities of \$35,000 as at 31 March 2004 (2003:\$30,000).

NOTE 16**OPERATING LEASE COMMITMENTS**

	2004	2003
	\$	\$
Rental of premises and rental of carpark		
Not later than one year	108,297	171,918
Later than one year and not later than two years	108,297	150,511
Later than two years and not later than five years	<u>324,891</u>	<u>452,928</u>
	<u>541,485</u>	<u>775,357</u>

Mid City Tower

Term: 6 Years from 1 May 2003

Location: Mid City Tower, 139-143 Willis Street, Wellington

The rent free period has been amortised over the 6 year term of the lease. Balance at 31 March 2004 \$59,286 (2003 \$Nil).

NURSING COUNCIL OF NEW ZEALAND
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2004

NOTE 17

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FINANCE LEASE LIABILITY

Finance lease liability consists of equipment (\$42,610) that has been capitalised as fixed assets. The net carrying value of leased assets is \$32,668. Finance charges of \$3,156 have been expensed in the period to the Statement of Financial Performance (2003:\$4,585).

	2004	2003
	\$	\$
Not later than one year	13,177	11,748
Later than one year and not later than two years	9,571	22,748
Later than two years and not later than five years	-	-
Total lease liability	<u>22,748</u>	<u>34,496</u>

NOTE 18

RECONCILIATION OF NET SURPLUS/(DEFICIT) FOR THE YEAR WITH NET CASH FLOWS FROM OPERATING ACTIVITIES

	2004	2003
	\$	\$
Net Surplus/(Deficit)	80,296	528,279
<i>Add Non-cash Items:</i>		
Depreciation	86,554	51,304
Doubtful Debts	3,018	44,664
Office Rent Liability	59,286	-
Loss on Disposal of Fixed Assets	<u>22,253</u>	-
	171,111	95,968
<i>Add /(Less) Movements in Working Capital:</i>		
(Increase)/Decrease in Accounts Receivable	9,457	(36,251)
(Increase)/Decrease in Prepayments	(42,204)	(7,884)
Increase/(Decrease) in Accounts Payable	138,543	(90,354)
Increase/(Decrease) in Income in Advance	424,171	59,966
Increase/(Decrease) in GST Payable	<u>33,116</u>	<u>30,004</u>
	563,083	(44,519)
Net Cash Flows from Operating Activities	<u>814,490</u>	<u>579,728</u>

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NURSING COUNCIL OF NEW ZEALAND
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2004

NOTE 19

RELATED PARTY TRANSACTIONS

Transactions of \$6,981 took place with Massey University, which is a related party. All transactions with Massey University were at arms length and at market values. No other related party transactions took place during the financial year (2003:\$Nil).

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Audit New Zealand

AUDIT REPORT
TO THE READERS OF
NURSING COUNCIL OF NEW ZEALAND
FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2004

The Auditor-General is the auditor of the Nursing Council of New Zealand (the Nursing Council). The Auditor-General has appointed me, Jo Smaill, using the staff and resources of Audit New Zealand, to carry out the audit of the financial statements of the Nursing Council on his behalf, for the year ended 31 March 2004.

Unqualified opinion

In our opinion:

- ▲ the financial statements of the Nursing Council on pages 30 to 48 :
 - comply with generally accepted accounting practice in New Zealand; and
 - give a true and fair view of:
 - the Nursing Council's financial position as at 31 March 2004; and
 - the results of operations and cash flows for the year ended on that date.
- ▲ based on our examination the Nursing Council kept proper accounting records.

The audit was completed on 27 August 2004 and is the date at which our opinion is expressed.

The basis of the opinion is explained below. In addition, we outline the responsibilities 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 our 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 the opinion.

Our 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 the opinion above.

Responsibilities of the Council and the Auditor

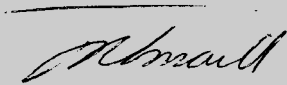
The Council is responsible for preparing financial statements in accordance with generally accepted accounting practice in New Zealand. Those financial statements must give a true and fair view of the financial position of the Nursing Council as at 31 March 2004. They must also give a true and fair view of the results of operations and cash flows for the year ended on that date. The Council's responsibilities arise from the Nurses Act 1977.

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.

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.



J R Smaill
Audit New Zealand
On behalf of the Auditor-General
Wellington, New Zealand

Appendix I

Selected characteristics of the 51,583 nurses and midwives issued with annual practising certificates in the year ended 31 March 2004

Ethnic Group	Number
NZ European / Pakeha	35,613
NZ Maori	3,224
Pacific	1,445
Other European	4,940
Asian	2,571
Other	3,055

These figures denote the total number of nurse that identify with each ethnic group. However, nurses record up to three ethnic groups with which they most closely identify, so while these figures show the total number of nurse that identify with each ethnic group, they do not represent the proportion of each ethnic group as represented in the workforce.

Main Employer	Number	Percentage
Public hospital (DHB) ¹	19,073	36.97%
Public community service (DHB)	2,580	5.00%
Private or non-public hospital	3,478	6.76%
Primary health care/community service (non-public)	3,502	6.80%
Rest home/Residential care	3,386	6.56%
Nursing agency	650	1.25%
Self-employed	897	1.73%
Maori health service provider	308	0.59%
Educational institution	787	1.52%
Government agency	347	0.67%
Pacific health service provider	55	0.11%
Other	2,013	3.92%
Non-response	14,507	28.12%

¹ DHB: District Health Boards owned by the Crown.

Area of practice	Numbers	Percentage
Midwifery - case load	869	1.68%
Midwifery - core facility	1,117	2.16%
Midwifery - administration and management	74	0.14%
Midwifery - education	70	0.13%
Midwifery professional advice / policy development	10	0.02%
Midwifery – research	4	0.01%
Subtotal	2,144	4.14%
Emergency and trauma	1,326	2.57%
Assessment and rehabilitation	1,394	2.70%
Child health including neonatology	1,950	3.80%
Continuing care (elderly)	4,026	7.80%
District nursing	993	1.92%
Family planning/sexual health	148	0.28%
Intellectually disabled	348	0.67%
Intensive care/Coronary care	1,479	2.86%
Mental health (including substance abuse)	3,174	6.15%
Medical (including educating patients)	2,997	5.80%
Nursing administration and management	1,215	2.35%
Nursing education	767	1.48%
Nursing professional advice / policy development	142	0.27%
Nursing research	114	0.22%
Obstetrics/Maternity	378	0.75%
Occupational health	336	0.65%
Palliative care	631	1.22%
Perioperative care (theatre)	2,110	4.09%
Primary health care (including practice nursing)	3,482	6.75%
Public health	509	1.00%
Surgical	3,794	7.35%
Other	3,481	6.74%
Subtotal	34,774	67.42%
Non nursing / midwifery health related management/administration	774	1.50%
Other non nursing/midwifery paid employment	993	1.92%
Not in paid employment	2,827	5.50%
Working in another health profession	805	1.56%
Subtotal	5,399	10.48%
Non-response	9,266	17.96%
TOTAL	51,583	100.00%

Appendix II

Registration/Enrolment of Overseas Nurses and Midwives by Country – Year Ended 31 March 2004

Country	Number
United Kingdom	829
India	55
Philippines	147
Australia	136
South Africa	105
Zimbabwe	77
United States of America	75
Canada	35
Fiji Islands	30
Germany	20
Singapore	17
Zambia	12
China	10
The Netherlands	9
Korea	9
Nigeria	8
Romania	6
Japan	5
Spain	4
Malaysia	3
Austria	3
France	3
Bulgaria	2
Finland	2
Hong Kong	2
Israel	2
Mauritius	2
Sri Lanka	2
Sweden	2
Russia	2
Ukraine	2
Other	50
Total	1,766

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Website

www.nursingcouncil.org.nz

Chief Executive and Registrar

Marion Clark



www.nursingcouncil.org.nz